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THE CHICAGO MEDICAL EXAMINER.

N. S. DAVIS, M.D., EDITOR.

VOL. X.

FEBRUARY, 1869.

NO. 2.

Original Contributions.

ARTICLE VI.

ANNUAL ADDRESS TO THE MONTGOMERY COUNTY MEDICAL SOCIETY, DEC. 21, 1868.

BY THE RETIRING PRESIDENT, P. B. COOK, M.D.

All annual festivities, from their very nature, gather around them a peculiar interest that marks no other. There is something in the rolling suns, the stated revolutions of the seasons, the set times for commemorating certain events, that makes them of special interest. They naturally cause us to retrospect the whole year, with its duties, privileges, comforts, blessings, joys, or perchance its afflictions and sorrows.

To the medical profession this year has been one of more than ordinary interest—developing new diseases and new remedies, or a new application of old remedies. Especially has it been a year of youthful mortality. More children have died, according to medical statistics, than for years. Recoveries from confinements have been uniformly slow. Even strong men, who have been sick at all, have suffered long and severely; and sickness generally this year has been of a graver type than usual, when no epidemic has prevailed.

But the profession has been active, vigilant, aggressive, and progressive, and, as a consequence, has been growing in efficiency, knowledge, numbers, journals, colleges, professors, and

all the means of vivifying, animating, energizing, and encouraging one another; and the world has witnessed the fact in the rapidly increasing academies of medicine, and other numerous medical associations. As a medical society, we form but a small part of that great body known by the name of Medical Fraternity. But, though small numerically, it is not said that we should be in any other respect. With the mind untrammelled and open to conviction, the heart susceptible to every high emotion, and responding to every noble impulse of a nature cultivated, refined, ennobled, elevated, why should we not, adopting for our motto "*Excelsior*," rise with the rising host higher and yet higher?—not forgetting those things which are behind, still press forward towards the mark of the prize of our high and holy calling, sanctified and dignified by our Lord himself.

But, in our day and generation, we find in medicine and surgery, as in all other branches of business, trade, or profession, there are two grand divisions: one, the untiring, unflinching, energetic, determinate man, with a principle which he loves and follows; the other is an easy, indifferent mediocre, who cares for nothing but the bread and butter of to-day; his motto is, "Let us eat, drink, and be merry, for to-morrow we die." Their advance is slowly, but surely, backwards, which of course very naturally causes them to turn up occasionally with those of bygone ages—perchance among the old French, Germans, Scandinavians—or possibly the old Greeks and Romans. They have heard of Hippocrates, and think him a kind of medical divinity; and that the men of his time possessed all the wisdom of the world. Celsus, Galen, and a catalogue of their time, are supposed to have been wiser than Virchow, Paget, and scores of the men of our own time, who have pushed science far beyond anything the ancients ever heard, or even dreamed of.

Imagine an old Egyptian dissecting and examining the various cells of the human body with a microscope of thirty thousand diameters. What greater contrast could there be with his real calling, *viz.*, that of embalming the human body intact, and

devoting all his time to the art of mummy-making? Such being their legitimate calling, how could they, or any of the ancients, know, according to their religion and laws, what anatomy meant? or physiology, or chemistry, as applied to medicine? Where did they ever exhibit any skill in operative surgery, or venesection even? What knew they of such agents as chloroform and chloric ether, or such operations as vaccination and cutaneous injection, simple as they are? And farther back in the ages, a man was declared unclean, and cast without the camp, for so much as touching a dead body. Of course, under such restrictions and laws, nothing was known of the real science of medicine. All was intrusted to the "*vis medicatrix naturæ*" to heal any and every sort of affection.

But, leaving the dim shadows of the far past, let us for a moment consider that which comes nearer home. The past year has been one of wholesome rivalry in most respects. New theories have been propounded, and old ones exploded. In addition to the rivalry which is at once healthful and invigorating, the genuine physician has had fierce opposition to combat and overcome in the legitimate practice of the healing art. The public mind has been, and still is, undergoing the process of education and reform—in doing which, the educators have had to run the gauntlet of interested and ignorant opponents, to contend with unscrupulous competitors, to break down the walls of prejudice, to silence the lying tongue; in brief, they have had to show themselves, as an Apostle said, "Examples of good works in all things: in doctrine showing uncorruptness, gravity, sincerity, sound speech that cannot be condemned; that they which are of the contrary part may be ashamed, having (if they had spoken truth) no evil thing to say."

As we have said, the motto of the true physician is "*Excelsior*"—higher, deeper, broader views of all that pertains to nature and nature's laws. This constitutes the whole catechism of the medical man; the first question of which is, What is anatomy? and the last of which shall be written, and the books closed, by the dazzling light that shall change the face of old Mother Earth like the refiner's fire, and make it

once more the Eden it was before the fall—which was the first great cause—least understood—creating the necessity, and continuing to the end of time, the office of physician.

This being true, great diligence is required, that we may grow in the knowledge of Anatomy, which numbers and places every bone, every muscle, every artery and vein, every duct, follicle, and tissue of the whole human frame. Physiology is necessary, in order to a correct understanding of the uses of all that constitutes anatomy in the human economy when in a state of health. Chemistry must be understood before we can know the constituent principles and component parts of the whole body, when fitly joined together by that which every joint supplieth. We must also thoroughly understand Pathology, general and special, which simply means nature disturbed, deranged, diseased, its principal divisions being Nosology, Etiology, Symptomatology, Therapeutics, which treat respectively of the classification, causation, symptoms, and cure of disease. Under this last head Surgery comes in as a part of Therapeutics, and relates in some way to the cure. Materia Medica also comes in here, under the general term Medicine, and is prophylactic, preserving the health, and therapeutic, restoring the health. If there be any other thing pertaining to man or medicine not included in the foregoing statement, it may be found in the motto of Maryland, "*Crescite et multiplicamini*;" and in that memorable line of Juvenal, "*E cælo descendit gnothese auton*." From Heaven the saying descended, "*Know thyself*." This speaks volumes, when it is all told.

Regular medicine requires of him who would worthily be called *physician*, that he should possess a knowledge of all the foregoing branches; and a full knowledge of these implies also an acquaintance with ancient and modern languages, and a goodly amount of the history and literature which they include. Holding up and defending such a standard, it is not wonderful we should have opponents (in an age fast as this) to what requires so much labor. First of all, that class which opposes learning in general, are opposed to us. All those who propose to cure everything by water and steam. All who say

"*Similia similibus curantur.*" All those who reject minerals, and prefer vegetables exclusively. All those who make electricity master of all affections. Those who dispense with drugs altogether, only requiring faith in a few mysterious digital reports. Those who profess to cure private diseases with marvellous secret remedies. All these, and a catalogue we have not time to mention, if they be medical men at all, are but fragments of that glorious old system whose history began with Paradise lost, and shall grow in interest and brilliancy till Paradise be regained. True as the axiom, "The whole is greater than any of its parts," so true is regular medicine—greater and better than any of its parts, which it includes.

The tacit admission of these fragmentary theories accounts for the multitude of practitioners—so-called (though self-constituted) Doctors, and the comparatively few Physicians who have received their M.D. from State-constituted authority. Any one who has brass enough to appropriate that which does not belong to him, may enter this whole class of irregulars any time he pleases, under the existing laws of this State. But every one who would enter the field of regular medicine, and become acceptable members of our Association, must go through the years of patient toil and mental discipline which the State prescribes for those who honestly and justly receive the title of M.D., which means learned in medicine. This distinction between the two great classes aforementioned, and the Rules, or Code of Ethics, which govern them, is clearly understood among medical men, and the sovereign people of Illinois are more and more inclined to reflection on these things. Happy will they be, when everywhere such legislation as New England, New York, and other States have adopted, shall be inserted in her Code.

Legislation based upon the motto, "*Salus populi suprema lex esto,*" "The welfare of the people is the highest law." Regular physicians need no law for their own protection; for blood will show; and so will educated skill. It is only a matter of time anywhere; and the time is not far distant when the people everywhere will demand of physicians what they do of ministers

of the Gospel, *viz.*, *Education*; and by education we do not mean the simple pouring-in-and-out process between preceptor and pupil, but such a culture of the mind and heart as may enable us to think and act intelligently upon any proposition or subject that may be presented to us; whether from Europe, Asia, Africa, America, or the far-off Isles of the Sea; whether from the regions of eternal snow or eternal summer; whether civilized or savage, they all have their voice, which reveals the secret of their lives, and may subserve a useful purpose, if known to the medical man.

We are creatures subject to the bias of education. Moral philosophers tell us conscience is just what it is educated to be and perhaps that other saying is also true, "We are creatures of habit:" combining the two statements, we have what constitutes the man, *viz.*, his conscience and his habits; the former for the most part controlling the latter, though not always. As we may be greatly profited by travelling, and associating the history of the different nations together, we have been endowed with a constitution and nature fitted to endure almost all zones and climates; and the means for acquiring knowledge are greatly multiplied, by the Pen, the Press, the swift ships, the swift cars, and swiftest wires; all which are the servants of man, under the Divine ordering, and are to develop the mind, expand the heart, ennoble the affections, and make man altogether a more symmetrical being.

But, among all these facilities and ways for acquiring knowledge, there is no royal road, any more than there is to Mathematics. Every one must dig for it himself. Whosoever undertakes any other plan, will be like the man addressed by the Principal of a Female Academy, telling him he had better take his daughter home, as "she was wanting capacity to go on." The fond father, not understanding his vernacular, replied, "Then I'll buy her one." Those who are wanting in application and brains, will have to try buying what they desire, or, if possible, effect an appropriation some other way. But this constitutes one phase of humanity, and is therefore worthy our study; for the Poet has said, "The proper study of mankind is man;" and the saying is pregnant with meaning.

"Know ye not," says the inspired writer, "that ye are the temple of God?" Ten years ago we read the following graphic comment upon these words, by a clergyman of New York:—"This temple is longer than the material universe, which it comprehends and shall outlast; ampler than the solid earth which, in the body, it circumnavigates with its sails, binds with its roads, ties with its wires, but which, in the spirit and its more powerful thought, it grasps as a very little thing, and shall finally fling from it, as a boy tosses aside his top; broader and more diversified in its faculties and attributes than the country of our pride, with more teeming territories of thought, deeper and stronger rivers of feeling, more widely contrasted climates of temperament and mood, more remote and diversified sections of interest and affection—the eternal house of God—the many-mansioned residence of his moral, intellectual, and spiritual essence." And if the round skull and orbed brain be what certain material philosophers make it, or have asserted it to be, the residence and representative of the soul—the visible temple of God—surely, the terraqueous globe itself contains no sandy Saharas or putrid seas, no deserts and wildernesses, no polar circles and miasmatic jungles, inaccessible to human feet, which compare in extent with the moral wastes and unoccupied regions of thought, and the tangled, trackless spaces in the vast convolutions of the brain, with its boundless tissues, as it is ordinarily used.

If phrenology be true, which I am far from affirming or believing, then the anatomist could detect with his knife all those portions of the human brain which had been used, and those, also, which had never come into the knowledge of its owner. Were it the style to submit every one to this test, when done with the brain, methinks these heavy advertisers, these blow-hards, sounding their own trumpets, would be found occupying but a very small portion of this temple, and that away down in the *basement story*—none of that class ever mounting, step by step, to the topmost pinnacle of observation, study, and attainment in medical science. But, wherever found, they would, doubtless, have their old hobby-horse close by their side; no

prancing steeds, with distended nostrils and eyes all dancing with delight, to make quicker time than e'er before, at any gait, would anywhere be seen. These men are *usually* known as men of one idea, possessing but little, if any, power of combination. An astute canvasser for one of the largest insurance companies in the land expressed the same idea to me recently, and in good faith. "Medicine," said he, "is so well arranged now, that an ordinary man could learn all that is necessary in a year." I replied that I thought an ordinary man could only about learn his ignorance of medicine in a year, with *good instruction*. But thousands, acting upon the same belief of this agent, employ the veriest charlatans, and pay them the most exorbitant rates, contented to reap the most disastrous results; when, if the same pay had been given to the truly scientific, he might have come with healing and joy to the otherwise disconsolate and desolate hearts. Such a course, so extensively pursued, as it has been, by the people, discourages many a youthful aspirant to knowledge and fame from his intended ways, and, virtually, inclines him to the shortest cut to the practice, I will not say to the profession. Hence, the necessity for legislation. I do not mean class legislation, but the establishment of a standard to which all practitioners shall come who wish to be intrusted with human life. Such a standard, the older countries of the world have already established; and, as "Westward the star of empire takes its course," so, starting from the far East, legislation has crept along to Ohio, even, and soon, we presume, Illinois will take a stand in defence of her people against one of the worst impositions practised upon man.

To assume knowledge, rights, honors, privileges which we do not possess, and never intend nor expect to, is to have the unblushing impudence of a donkey and the chicanery of the veriest knave. This, of course, is done only where the people are credulous and unsophisticated in matters pertaining to medicine, and where there is no law to prevent imposition of the kind. Under such circumstances, if the people are swindled out of a few hundreds, or even thousands, of their hardy-

earned, rigidly-saved money, they have no redress. The fact that he was not a professor, as he said; that he was not an A.M., as he pretended; that he was not an M.D., as he affirmed; nor a Ph. D., as he asserted, all this cuts no figure in the case. Even if he is proven a scoundrel and a devil, in everything but the extent of his knowledge; if he never matriculated in any medical college, it is all of no avail; it was a bargain, and the subject of his deceit has simply been outwitted, circumvented, and fleeced.

We read, in Gibbon's History of the Decline and Fall of Rome, that it was an ancient custom that allies of the Republic who ascribed their safety or deliverance to the success of the Roman arms, and even the cities of Italy who admired the virtues of their victorious general, adorned the pomp of his triumph by their voluntary gifts of crowns of gold, which, after the ceremony, were consecrated in the temple of Jupiter, to remain a lasting monument of his glory to future ages. Would the Legislature of Illinois be as noble, or any member thereof frame and have enacted a law for the proper shield and defence of her people against all manner of medical ignorance and quackery, and attach thereto a penalty, which no one would wish to have repeated, for a violation thereof, then the sovereign people of the State could well afford to make a similar oblation, crowning such a legislator with more than a golden crown, *viz.*: with their gratitude and thanks, which should remain a monument of his glorious memory in all the ages and generations yet to come. The genuine, honest, laborious, self-sacrificing physician, who, by his knowledge, skill, persevering industry, and kindness, saves the life of his fellow, is entitled to as much honor as a Roman soldier for doing the same thing, though in a different way; and many are the people who know and feel this to be true, as an occasional tribute will show. Illustrative of this fact, we give the following quotation, selected by Prof. E. B. Stevens, Editor *Lancet and Observer*, from Dr. Reid, Editor *Western Christian Advocate*: "'Luke, the Beloved Physician.' Thus the Divine Word characterizes the only individual of this profession, of which it speaks. Next to the min-

ister, *often beyond the minister*, is the doctor a household favorite. If he has been with us amid much pain and peril, a deep and ineradicable gratitude is associated with his name and his benignant appearance. There have been times, perhaps, when, in our helplessness, we regarded him as the only arm strong enough to parry the blow that death was aiming at some object of our affections. We have watched the struggle with varying hopes and intense solicitude; but, when victory turned on the side of the doctor, we could have laid down our fortune at his feet, for the service he had rendered us. The doctor comes to our sick-room, day after day; he heeds the summons at night as cheerfully and promptly as if it were no pain to rise from bed and go out into the dark, damp, cold, cheerless streets, and into the chamber of suffering. No hour is his own. Neither sanctuary, lecture-room, parlor, study, nor dining-room, is free from the imperative call. The darker the night, the more howling the storm, the more likely some hypochondriac will be to fancy that he is just about to die, and the attendant must be summoned. Such is this profession; in it no rest is possible; pain, pestilence, dying, are its constant attendants. This profession is distinguished, too, for its extensive charities. As a body, physicians attend as cheerfully upon the poor as upon the rich. Where it is absolutely certain there can be no remuneration, still they are as constantly watching and prescribing. The tone of this profession is nobly above the sordidness of most other pursuits in life. It bases itself and buries itself in the humanity of its calling. It regards itself as set for the alleviation of human suffering, and the preservation of human life. The noblest manifestation of this is in the principle so universally accepted by the profession, that *there should be no secret medicines.*" The Professor adds: "Such is a part of the grateful and appreciative tribute which a noble minister of the Gospel has thought right to bestow on physicians; a tribute, we would fain hope, truthfully applicable to us, as a whole profession."

We had spoken of the medical man under the scriptural figure of a temple, which, according to its original signification,

was a very complete thing, and implied, first of all, the perfection of the architect, as exhibited in its plan, development, and completion; and, also, how cunning must be the artisan, to execute his every order in preparing each part, so that, when all were placed together, they should have more the appearance of the divine than the human handiwork. So, as artisans, we are to study the plan of this divinely-constructed temple from top to bottom, from centre to circumference; learn all its cells, its numerous passage-ways, its rooms and lights, its doors, with all their hinges and joints, of what material they are each composed, what telegraphic signals are given when they are injured, what instruments and material are necessary in the repair, and how used, what changes may be required of air, position, or place. All this requires not only a knowledge of the temple itself, but also of its surroundings. 1st. Is the air salubrious, the scenery attractive and beautiful; or is it the reverse? Does the patient need the mountain air, with its excess of oxygen, or the sea-breezes, with an excess of hydrogen? Does he need steady heat, or constant cold? What peculiar customs and institutions would bring about a favorable reaction. A knowledge, if you please, of the porches, verandas, observatories, its circumambient walks, its shrubbery, flower-garden, fruit-yard, and all that adorns and utilizes the whole.

But we must not further proceed in enumerating the requirements of the medical man, lest we might seem tedious in the long detail. We have only to say, let business press as it may, the physician must keep up his stock. Nothing, but the imperative calls of his country, should ever turn him aside from the duties which belong to the profession of his choice. The old Latin adage should ever be placed before him in letters of living light, "*Retrorsum non gradum*," "No steps backwards," but, in the language of that brilliant general, whose victories flash like meteors across the land, "*On to the sea!*" On to the sea of perfection in attainments that minister health to the sick, joy to the sorrowing, and life to the dying.

A word, with regard to the object, workings, etc., of the Montgomery County Medical Society, and we are done.

In common with all beneficent associations, we meet for the purpose of mutual recognition and fellowship; our object being to promote the interest, honor, and usefulness of the profession, by the cultivation of medical science and literature, and the elevation of the standard of professional education. Our order of exercises consists, mainly, in the reading of papers, the reports of standing and special committees, the discussion of questions specially selected for that purpose, and the relation of cases that have fallen under the eye of some members of the fraternity, and are by them considered of special interest to the Society. Occasionally, a case of great interest comes before the body in person, which furnishes fresh occasion for fresh investigation and remark. It ought, also, to extend its jurisdiction to the domain of drugs, to insist upon competent persons handling and dispensing them, and insist, also, that none but pure drugs be exposed for sale in the market. With the striking revelations that have been made, relative to the impurity of drugs, in New York and Cincinnati, this suggestion seems imperatively essential to the success of every practitioner of medicine and surgery. True, such vigilance and circumspection, in addition to our present labors in the practice, require almost Herculean strength and activity; but this we must do, if we would attain that degree of excellence we so much admire in others of our own and different professions; for,

"The lives of all great men remind us
We can make our lives sublime,
And, departing, leave behind us
Footprints on the sands of Time.

"Footprints that perhaps another,
Sailing o'er life's stormy main,
A forlorn and shipwrecked brother,
Seeing, shall take heart again.

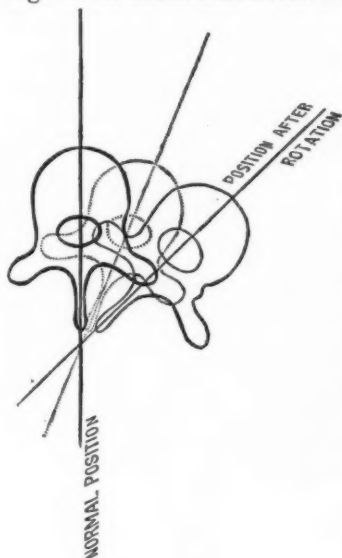
"Let us, then, be up and doing,
With a heart for any fate;
Still achieving, still pursuing,
Learn to labor and to wait."

ARTICLE VII.

LATERAL CURVATURE OF THE SPINE.

By J. S. SHERMAN, M.D., Lecturer on Orthopædic Surgery, in Chicago Medical College.

Within the last twenty years, the advance of general surgery has been very rapid; yet, until within the last ten, the subject of deformities has been greatly neglected, and the descriptions of them by surgical writers, considered as authority, are exceedingly efficient. From the infrequency of *post-mortem* examinations, the study of spinal curvature has not been generally pursued, and we find many modes of treatment advised, which certainly are not based on the pathological conditions present; and, consequently, the various theories advanced, as to the cause, progress, and treatment of these diseases, are diametrically opposed; facts being taken for granted, without accurate knowledge of the conditions under which these curves must occur.



(Fig. 1.)

but slight, if any, deviation of the spinous processes.

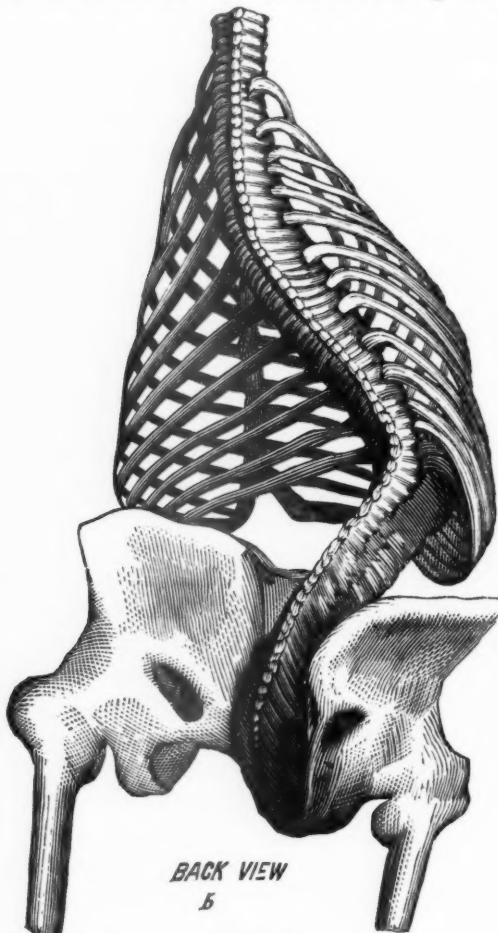
The largest number of cases, and most accurate descriptions of *post-mortem* appearances, have been reported by Mr. Adams. His investigations have undoubtedly proven facts heretofore not considered, and I have never seen better results than under his reatment, in the Royal Orthopædic Hospital of London.

The lateral curvature of the spine, as shown by tracing the spinous processes, is usually taken as an index of the curvature. No greater error can occur. A decided internal curvature, involving the bodies of the vertebræ, may exist, with

These curves are all compound, and rotation of the vertebræ on a horizontal plane is a constant factor of all.

The position which they assume, as rotation advances, is shown in Fig. 1, from Adams' Lectures on Spinal Curvatures. The spinous processes remain almost stationary, while the bodies revolve round them, as a centre.

Figs. 2 and 3 are from a case in the Chicago Medical Col-

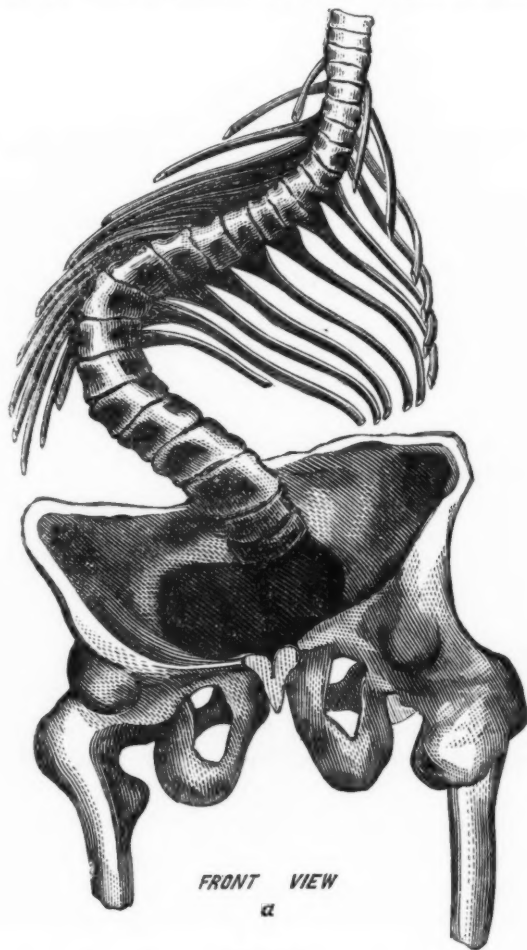


BACK VIEW

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(Fig. 2.)

lege. (b) represents the back view, and shows the curve formed by the spinous processes; (a), the front view of the same, formed by the bodies. This is a most aggravated case; yet, the preponderance, to a great degree, of the internal curve over the external is plainly visible, and shows the error of estimating the position of the column by the position of these pro-



(Fig. 3.)

cesses. Serious cases of lateral curvature are often dismissed by the surgeon as of little consequence, because he detects so slight a deviation of the spinous processes from their normal line. These very cases have often reached a degree of internal curvature that produces compression of the viscera, and is slowly changing the form of the bones, to an extent that when external curvature is decided the perfect cure becomes impossible. We must, therefore, look elsewhere than to the spinous processes for early diagnosis.

The investigations of Mr. Adams have thoroughly proven that rotation of the vertebræ is the first step in the abnormal process, and that this rotation is at the expense of the articulating processes, which, in their natural form and position, prevent this movement. Certain symptoms, nevertheless, do indicate curvature in its early stage; and these are: prominence of the scapula and elevation of the shoulder, due to rotary movement, which carries backward the angles of the ribs, on the convex side; and, when the curve is double, a prominence of the hip is seen, produced by the retraction of the abdominal muscles into the concavity of the lumbar curve; also, on the anterior surface of the body, a projection of the breast, on the opposite side from the convexity of the dorsal curve, with change of position of the sternum from the perpendicular.

Pain is sometimes present, yet often absent. When it does occur, it is of a diffuse character, and referred to the spine and spinal muscles; differing from the pain in the early development of Potts' disease, which is remote from the spine.

As the twisting of the column advances, the spinal cord also, from being attached to the inner surface of the foramen, partakes of the same change, which compresses its fibres and causes disturbance of its functions. The general health is often impaired, yet frequently in the early stage it is not interfered with. I have met this disease as often in the strong and robust as in the feeble and weak; but most cases of advanced curvature suffer *some* impairment of health.

When lateral deviation of the spinous processes is seen, it is at the expense of the *cartilages* and *bones*; the latter are only altered in shape in cases of long standing.

When we consider that the sum of the thickness of all the intervertebral cartilages is equal to one-fifth or one-fourth of the height of the spinal column, and that pressure, in the upright position, for twelve hours, diminishes the height of the individual from three-quarters to one inch, by simple compression of these bodies, it is not difficult to account for lateral curvature being produced by continued uneven pressure upon the same. When the extreme point of compression is reached in this tissue, the bones begin to yield; and Fig. 3 shows, also, the wedge shape of both bones and cartilage.

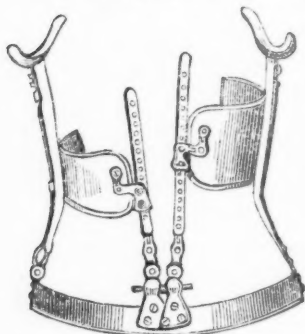
The early recognition of curvatures becomes more important, when we consider that their correction and cure in the early stages is easily accomplished; while in the old and confirmed, the deformity yields exceedingly slow.

The formation of some is laid in infancy; the vertebræ are not completely consolidated until near the thirtieth year, and deficiency of development or irregularity in form are often not noticed in early life, but show their effects when the normal, dorsal, and lumbar curves begin to develop, generally between the ages of eight and seventeen. This class are among the most difficult to correct. The statement, made by some authors, that patients suffering from lateral curvature generally die of tuberculosis, is not proven by statistics; and in my own experience, the tubercular diathesis has been the exception, and I believe the curvature to be produced entirely without such constitutional conditions.

The disease is often hereditary; all the members of the family suffering from this deformity. The direct and immediate cause of the disease is a too constantly maintained position, that causes the spine to remain bent from its perpendicular until changes occur in the intervertebral cartilages, bodies of the vertebræ, and articulating processes. With these conditions present, it is evident that the treatment cannot be of a simple character. Simple exercise of muscles will not correct changes which have occurred in the bones and cartilages; nor will pressure alone, on the convexities of the curves, remove the

rotation. A combination of lateral and rotary movement is absolutely necessary.

For the purpose of making lateral pressure in the *up right* position, I use the ratchet and pivot instrument, figured in No. 4. The lateral pressure is made by means of the steel plates attached to the upright rods at the back, and the force is regulated by turning the ratchets below.

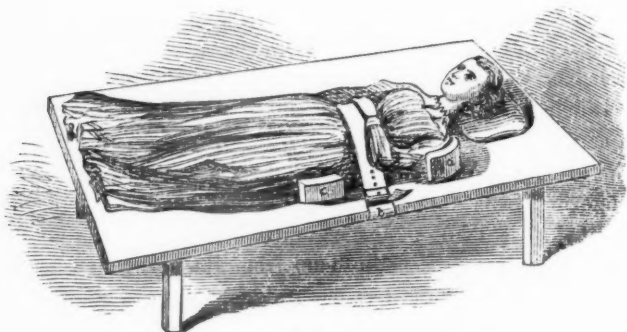


(Fig. 4.)

This instrument has been modified by various orthopædic surgeons, and Mr. Adams combines a rotary movement of the side plates. I have preferred to make

this movement with the patient in a horizontal position, as the weight of the body is then removed and rotation more easily accomplished.

Fig. 5 represents the patient on the spinal couch: (a) being a strong pad, curved to fit the shoulder, and (c) a similar one,



(Fig. 5.)

adjusted to the hip; (b) is a strong *elastic* band, passing round the body. The under portion of this band is attached to a buckle on the side. Its tendency, when tightened, is to compress and, at the same time, twist, or rotate, the ribs in an

opposite direction, on the same principle that a band revolves the wheel over which it passes. This is more effectual than any apparatus applied when the patient is standing. Strong lateral force is produced at the same time.

Continuous use of these means is necessary for the correction of spinal deformities. There is no rapid mode of correcting them; weeks and months are necessary. By using the supporter and the lounge, the patient is able to get all the exercise necessary for health; and, in severe cases, the lounge should be used at least six or eight hours out of the twenty-four.

81 M.nroe Street.

ARTICLE VIII.

A PROPOSITION:—RELATING TO THE MODIFICATION AND PREVENTION OF CERTAIN ZYMOTIC DISEASES.

By THEODORE GRIFFIN, M.D., 789 State Street, Chicago.

Those diseases which, after once being developed in the human system, thereby destroy the susceptibility of the system to a second like invasion, may be prevented, or their severity greatly modified, by the introduction into the human system of a like virus, transferred from the lower orders of the animal creation.

The diseases which may thus be modified or prevented, belong to the class known as "Zymotic;" and are small-pox, scarlatina, measles, etc.; including the whole catalogue of diseases alluded to in my proposition.

The modification and prevention of—once the greatest scourge of mankind—small-pox, by the introduction into the human system of a similar virus, taken usually from the cow, leads fairly to the inference set forth in the foregoing proposition. It has been observed that the cat, horse, and many of the lower animals, are subject to eruptive and other diseases; but I am not aware that careful inquiry has been made into the pathology of these morbid conditions, which, it may be found,

have their prototype in the human system. The disease observed in cows, called cow-pox, is identical with small-pox, and affects alike cows, horses, and monkeys; and human small-pox may be communicated to these animals by the impalpable emanations (the specific effluvia) through the medium of the atmosphere.

May we not discover other of the diseases alluded to, among the lower animals? And if so, may we not hope to obtain results similar to those which follow the introduction of the cow-pox virus into the human system—namely, *exemption from these diseases*? The subject deserves investigation. If we are not able to detect, for example, scarlatina in the cat or dog, we may readily test his susceptibility to the disease by inoculation with the specific poison. Should disease develop itself as a result, we may fairly conclude that we have scarlatina: now we may transfer the virus to the human system, and await the result; which result we may expect to be a modified form of the disease, with complete exemption from a future attack.

Let us thus open an avenue through which we may thrust those scourges of our race out of the world, as the immortal Jenner virtually thrust out small-pox, but failed to see the general application of the principle upon which it was accomplished.

ARTICLE IX.

A CASE OF FATTY TUMOR.

By GENEROUS L. HENDERSON, M.D., Kokomo, Indiana.

Mrs. Rayles, æt. 65; small in stature, of a nervous temperament.

About 26 years ago, she first noticed a small tumor, the size of a hazelnut, under the right arm, below the axilla, and a little to the anterior.

It gradually grew in size, but without any serious pain, until within the past year, when it began to enlarge very rapidly, and ulcerated, with sharp, shooting pains.

It was now that it began to undermine her health, and that she was willing to undergo a surgical operation.

Gave her *tonics and support* freely, for a fortnight before the operation; also an anodyne occasionally, to allay the pain and to procure sleep.

On the 29th of October, we (Cole and Henderson) called, and found the tumor of an oval shape, somewhat flattened, and tolerably well defined; it had a soft, doughy feel.

Being assisted by Dr. Shoultz, we determined to operate. First chloroforming her in a supine position, we operated by rapidly making an *elliptical* incision, and carefully dissecting out all of the tumor, which was readily done, without much hemorrhage: the wound was brought together with *pins*, adhesive plaster, etc. (in fact, we do not use any other *suture*, because it does not absorb moisture, nor produce the irritation that a thread would; and, besides, it holds the parts more firmly in coaptation).

The extirpated tumor is seven (7) by eight (8) inches in diameter, and weighs 2 lbs. 2½ oz.

The wound did not have a tendency to very rapidly heal; but, by gently stimulating it a little with *carbolic acid*, and giving a good and generous diet, with tonics, it kindly healed, with but little suppuration.

She is now well and about her household duties, and enjoying a better state of health than she has for years before the operation.

ARTICLE X.

EXTRAORDINARY CASE OF RETENTION OF URINE.

By J. H. CURTIS, M.D., Kansas City, Mo.

Kate H., 14 years of age, lives near Wyandott, Kansas; brought to the office September 3, 1868; has pale, sallow complexion; tongue pale, flabby, and heavily coated; pulse regular, and not too rapid; abdomen but very little enlarged, and without tympanitis, and without tenderness or pain. But com-

plaints of some pain, with a curious feeling in head; has never menstruated; bowels regular, but without any desire to micturate. There is a very considerable increase of size about the pelvic region, with a spreading of the hips like a woman in the last stage of pregnancy, but without any evidence of dropsical effusion either in the cavities or cellular tissue. Declares positively she has not voided a drop of urine for four weeks and four days; her statement is corroborated by her mother, who has been with her constantly, watching her closely when she would go out to stool, and asserts it has been absolutely impossible for her to have passed any urine without her knowing it; and for 32 days not one drop of water has passed from her as urine. Has been under treatment a number of weeks from three or four doctors in their neighborhood, but without any benefit; catheterism having been tried twice without any result.

I gave her immediately fl. ex. hydrangea, ʒiss., to be repeated every three hours, and to be followed in 1½ hour with a powder of calomel, grs. xx., to be repeated at the same intervals after each dose of the hydrangea, until the bowels should be well moved. In 14 hours after she had taken five doses of the fl. ex. and four powders, and before the bowels had moved, after suffering the most intense pain for an hour previous, she passed 3½ quarts of very clear, colorless urine; the bowels were well moved in an hour or two afterwards, and in six hours she again voided 4 quarts more of the pellucid-looking water, by which she was entirely relieved. In two weeks complete convalescence was established, by the use of pil. hydrarg. every third night, and the use of nit. potass. and soda bicarb. solution every three hours during the daytime.

Having never heard or read of such an extreme case of retained urine, I have thought it worth reporting; and the result of the treatment, so prompt and satisfactory, may benefit some of my medical brethren, if called to meet a similar case. The mother and daughter are both willing to make affidavit to the above statement.

1869.]

The Clinique.

CLINICAL REPORT FROM MEDICAL WARDS OF MERCY HOSPITAL.

By N. S. DAVIS, M.D., Professor of Practical and Clinical Medicine, in
Chicago Medical College.

Reported by W. A. BARSTOW.

GENTLEMEN:—I shall occupy your attention during the clinic hour with a case of cardiac disease. Upon auscultation, we have no difficulty in locating the disease in the heart; but when we go back of that, and try to ascertain what particular valves are involved, it is not so easy.

You will observe the patient is in a sitting posture, which seems to be his most comfortable position.

The flush on the face and hands is not due to fever, as there is no perceptible increase of heat of the surface; but it is due to capillary congestion, which is sometimes of a purplish hue. If the patient were to go down-stairs and return, or take any active exercise, the flush would become decidedly more venous, as well as the respiration more labored and oppressed. There will be noticed above the clavicles slight pulsation in the jugulars, which is also much increased on exercise.

You could not, under any circumstances, have a patient in a more favorable condition to distinguish the exact condition of the heart's action, as he has been taking arterial sedatives for several days, and is now sufficiently under the influence of the medicine to render the sounds very distinct. A little below and to the left of the nipple, upon the application of the stethoscope, you will get a double murmur: one harsh, rasping, and loud, the other softer and shorter. The first is synchronous with the systole, and the second with the diastole. The first is heard over the whole cardiac space, the second only over the left side. This shows that the principal difficulty is in the auriculo-ventricular opening of the left side—the location of the mitral valves.

You hear the rasping sound all about the region of the heart; but move which way you will, when you return a little to the left and below the nipple, you hear it the loudest. The second sound you hear is due to slight regurgitation. Over the rest of the heart you get only one sound, occupying the entire time of both sounds of the heart. The hypertrophy in this case is well marked. When the patient was not under the effects of medicine, there was regurgitation on the right side, giving a strong pulsation in the epigastric region through the ascending vena cava, and also the descending vena cava to the jugulars.

When I first examined the patient, there seemed to be a well-marked aneurismal tumor in the epigastric region, which was quite tender to the touch. This tumor was present two days ago, when I called the attention of the other division of the class to it, but I see it is absent to-day.

This man's heart is probably in the same condition as that of the man who died several weeks since, and whose heart I exhibited to you—*viz.*: a dilatation of the right ventricle; contraction of the mitral opening, with thick, roughened edges, and preventing a complete closure during the systole of the ventricles; and general hypertrophy of the muscular structure.

When the patient is disturbed, the tricuspid valve is insufficient to close the auriculo-ventricular opening of the right side, because it is enlarged by the dilatation of the right ventricle. The apparent pulsating tumor in the right side of the epigastrium was probably caused by overfulness of the vena portæ, from regurgitation through the auriculo-ventricular opening of the right side into the ascending vena cava.

If you notice the feet and ankles, they will be found quite cedematous; a condition which is present in most cases of cardiac disease in the advanced stages. If the pathological conditions of the patient have been described correctly, the prognosis is unfavorable; and to render the action of the heart slower and more uniform, constitute the principal objects of treatment. Just in proportion as they can be accomplished, will the patient be rendered more comfortable, and his life be

prolonged. By rendering the action of the heart slower and more uniform, more time will be allowed after each systole for the blood to pass through the narrowed mitral opening from the left auricle; and hence the pulmonary circulation will be less obstructed, and the equilibrium between the fulness of the right and left cavities of the heart be better maintained.

To fulfil the indications just stated, the patient is taking one fluid drachm of the following prescription before each meal and at bedtime:—

R. Fluid Ext. Scutellaria,----- ʒiij.
“ “ Digitalis,----- ʒj.

Mix.

Also, five grains of Sub. Nit. Bismuth, half an hour after each meal.

When the patient commenced the use of the scutellaria and digitalis, four days since, his pulse was 110 per minute, and irregular, with dyspnœa, epigastric distress, cool and purplish-colored extremities, and strong pulsation in the jugular and subclavian veins.

Now his pulse is only 60 per minute, and regular, with a decided improvement in all his symptoms. His diet has been plain and nutritious. The same treatment will be continued, with careful attention, to prevent any excess in the action of the digitalis.

Proceedings of Societies.

CHICAGO MEDICAL SOCIETY.

FRIDAY EVENING, DEC. 18, 1868.

The meeting was called to order, Dr. Marguerat, President, in the chair.

Dr. Macdonald being absent, Dr. Gray was appointed Secretary, *pro tem*.

Dr. Holmes referred to a case under his care, of Gray's disease of the eyes—where they actually protruded from their sockets; owing to general relaxation of the recti muscles.

Dr. Marguerat asked what would be the prognosis in such a case?

Dr. H. replied, not favorable, as the man's father, sister, and brother were affected in the same way; the latter having lost one eye. The Doctor also spoke of the case of the young man whose lens dropped into the anterior chamber of the eye while stooping over, and which was reported at a previous meeting. He says that the patient returned home, and, six weeks after the operation, sat down in the evening and wrote a letter with remarkable ease and comfort, but the next morning found himself perfectly blind, owing to detachment of the retina. Dr. H. further remarked, that it was not uncommon for persons in good health to become blind from this cause.

Dr. Merriman asked if there was a way to correct this accident?

Dr. H. says not, if it is extensively detached.

The President then requested Dr. Bridge to open the discussion of the subject chosen at a previous meeting, *viz.*: "Would it be conducive to morality to adopt measures to prevent the spread of venereal disease"?

Dr. Bridge was of the opinion that any disease was injurious to morality, and thinks any measures adopted to prevent disease would improve morality; but is of the opinion any measures adopted to diminish the spread of venereal disease would increase prostitution; and thinks that many thousands now have nothing to do with prostitution, who would, were it not for fear of venereal disease. Read an extract from Dr. Andrews' investigations in Europe, who says there are 24 per cent. more prostitutes in cities where the license system is introduced.

Dr. Gray considered prostitutes a necessary evil, and did not see any better method than to license them, and when they become diseased send them to a free hospital for treatment. Says that in Paris there is *one* prostitute to 280, and in Chicago *one* to 230 of the inhabitants, and that 16 per cent. of all cases of disease in Chicago are venereal, and 16½ per cent. in Paris.

Dr. Wickersham considers this a very serious subject, and says that he has thought a great deal about it, as he has been

called upon to treat a great many cases—as young men seek young physicians. Cited a case where \$200 were offered a young lady on the Avenue, by a man who was afraid to go to a house of prostitution, for fear of *disease*, or being *pulled by the Police*. Hence making advances to virtuous girls. Thinks prostitution an unavoidable evil, and therefore favors the license system, believing it would be a protection to the virtuous, as well as prevent the spread of venereal disease. Says, were venereal disease only to affect the persons themselves, it would not matter so much; but it passes to the children, constituting congenital syphilis. Thinks the license system would also lessen this form of the disease.

Dr. Paoli is of the opinion that we can prevent this evil to a great extent by showing more Christianity, and through the influence of the churches, by preaching sermons appropriate for the prevention of evils in our society. Thinks if we had licensed houses, with careful examinations twice a week, that it would be productive of morality; also recommends that syphilitic as well as temperance apostles travel around the country, lecturing, as it would cause people to reflect, and consider the consequences of this disease and prostitution.

Dr. Merriman remarked, that, judging from statistics in this as well as other cities, he had become convinced that fear prevents the contraction of venereal disease only to a very limited extent. Thinks medical students not so much afraid of it as law students, although they have the opportunity of seeing it in the hospitals; but still they get it. If they do not go to houses of ill-fame, there will be more private women kept; hence believes, on the whole, it would be better to license them, and a certain portion of the city assigned to them; and, when diseased, that they be sent to hospital. By carrying out this system, he thinks that many men would be ashamed to go to that district, as people generally would judge that they went there for a special purpose. Consequently, thinks morality would be improved, and the spread of venereal disease diminished, by legalizing prostitution.

Dr. W. E. Clarke is of the opinion that if you make prosti-

tution a crime, and punish it as such, that it will be productive of morality; but thinks there is no argument that can convince him that the licensing of houses of prostitution would produce such results.

Dr. Wickersham remarked, that those women living around in "Blocks" are the most dangerous and poisonous; as men have an opportunity of slipping up to their rooms unobserved. The Doctor favored the legalizing of regular institutions, and the arrest of every one who keeps a room; also, the arrest of every man who is found going to these *private* places. He says no man can go about this city but what will become convinced that prostitution is becoming alarmingly increased. He also mentioned the way our city ladies are brought up and educated, as being detrimental to morality, by being only fit to dress in silks and live on the Avenue. Says that young men living on a salary cannot afford to marry and support the style the young ladies have been accustomed to, but they can live singly and go in good society; hence, they refrain from marrying, knowing that the extravagance of their wives would inevitably reduce them to poverty.

Dr. Fisher says, that the less there is said about this subject the better; and that he does not know what we can do to prevent it. Thinks if all knew the effects of constitutional syphilis, that it would prove beneficial. Does not recommend the license system; but says we should do what we can to prevent it.

The Society then proceeded to miscellaneous business.

Dr. Bridge recommended, as the subject for the next discussion, "The Therapeutical Uses and Action of Mercury and its Salts," which was duly carried. Drs. Clarke, Merriman, and Loverin were appointed to open the discussion.

Dr. Hildreth stated that he was called at 5 P. M., one day last week, to see a young lady who had been poisoned by the escape of gas from a gas-stove in a bath-room. When the Doctor arrived, he found her unconscious, and respiration very slight. Immediately commenced artificial respiration, by compressing the ribs laterally; kept it up for ten minutes, when

pretty good respiration was produced. The action of the heart was still feeble. Then gave the patient about a pint of strong hot coffee. In fifteen minutes, the circulation was good. The patient states that when she entered the bath-room she felt nauseated, which was the last she remembered.

The Doctor cited a similar case of poisoning by carbonic acid gas, as having occurred on shipboard; when he administered carbonate of ammonia and brandy without very beneficial results, but resorted to the coffee with entire satisfaction.

Society adjourned.

CARROLL COUNTY MEDICAL SOCIETY.

Pursuant to a call, circulated among the physicians belonging to the regular profession of medicine and surgery, in Carroll County, a meeting was held in the First Baptist Church, in Lanark, on Tuesday, December 8th, 1868, for the purpose of organizing a County Medical Society, for a more thorough protection, both in and out of the profession, against the evils of medical empiricism; and to afford mutual assistance in the amelioration of the sufferings of humanity.

Dr. J. L. Hostetter was chosen temporary Chairman of the meeting. The Constitution, By-Laws, and Rules of Order were then read, and, on motion, adopted as the basis for the government of the Society. The officers for the coming year were then elected, as follows:—

President, Dr. John L. Hostetter, of Mount Carroll; Vice-President, Dr. J. B. Porter, of Lanark; Secretary and Treasurer, Dr. J. Haller, of Lanark.

The following-named members were, by resolution, requested to read papers at the next meeting of the Society, to wit:—On the Action of Chloroform as an Anæsthetic Agent, Dr. N. Stephenson, of Thomson. On the Action of Veratrum Viride as an Arterial and Nervous Sedative, and to what Extent in Dose it may be safely administered, Dr. D. M. Greeley, of Mount Carroll. On Fractures in General, both Compound and Simple, Dr. B. P. Miller, of Mount Carroll. On the Action of

Gelseminum Sempervirens, Dr. J. Haller, of Lanark. On the History, Rise, and Progress of Medicine, Dr. J. B. Porter, of Lanark. On Medical Ethics in General, Dr. J. L. Hostetter, of Mount Carroll.

On motion, it was resolved that any member of the press and clergymen, who are favorable to the "Regular System of Medicine," be allowed seats at the meetings of this Society.

On motion, it was ordered that the Secretary make out and forward a report of this meeting to the CHICAGO MEDICAL EXAMINER and *Chicago Medical Journal*, for publication.

There was a good attendance of the physicians of the county, and a most cordial feeling prevailed. After an interchange of views on different topics of medicine, the Society adjourned, to meet in Lanark, on Monday, Feb. 22, 1869, at 2 o'clock P.M.

J. HALLER, M.D., *Sec'y.*

Selections.

REMARKS AND OBSERVATIONS ON SACCHARINE DIABETES, WITH THE TREATMENT OF TWO CASES.

Read before the Nashville Medical Society, By J. E. MANLOVE, M.D.

[Published by request.]

MR. PRESIDENT:—At our April meeting, the Society, at the suggestion of the author of this paper, selected for the consideration and discussion of the present meeting, the subject Diabetes; and, in obedience to the inexorable parliamentary law, I was appointed to open the discussion.

Prefatory to approaching this intricate and difficult subject, presenting as it does a vast field for physiological and pathological research and inquiry, allow me to say, that but two motives prompted me, in suggesting to the consideration of the Society:—1st. The highly satisfactory and encouraging results of the treatment of two cases, which have recently fallen under my observation; and, 2dly. The hope that some new light may be elicited and diffused, to the honor of our profession, and the mitigation and relief of human suffering. The treatment of the

two cases referred to, though not entirely new, has certainly not been adopted or sufficiently insisted upon by the profession, in this country. Whether this has grown out of a misapprehension of its pathology, the infrequency of its occurrence, or the known intractable character of the disease, I know not; but certain I am, that the treatment hitherto has, to a great extent, been empirical, and productive of very little, if any, good and lasting results.

Before detailing the cases, with their treatment, the Society will indulge me in some preliminary remarks collaterally connected with this subject, and which are considered necessary to a full understanding and elucidation of it; together with the expression of my own poor opinion, and inferences deduced from the pathology of the disease.

The term Diabetes is derived from a Greek verb, which means to pass off, or through. Hence, by some, it has been called a urinary Diarrhœa; Diarrhœa urinosa, dipsas, diuresis, hydrops ad matulane, profluria urinæ, etc.; each name intending to imply an excessive discharge of crude urine, exceeding the quantity of fluid drank by the patient. Boerhaave, in his Institutes, says: It is a frequent, copious discharge of lacteous urine, in conjunction with an extraordinary tenuity of the fluids.

Dr. Cullen places this genus of disease in the class neurosis, and order spasmi: which he defines a chronic flow of urine, in immoderate quantities, and of a preternatural quality. He notices two species:—1st. Diabetes Melletus, when the urine has the color, odor, and taste of honey. 2d. Diabetes Insipidus, when the urine is limpid only. Home defines it to be an extraordinary increase of urine, and that of a sweetish taste, attended with perpetual thirst and a dry skin.

The bare mention of the names of the above-mentioned authorities suggests the antiquity of the disease in question, and shows that the earlier cultivators of our profession, so far at least as its identity is concerned, were not without a full knowledge of its existence.

The application of the term Diabetes, however, to *all* chronic and excessive discharges of urine, I regard as most unfortunate; inasmuch as it has led, in many instances, no doubt, to malpractice—such discharges being treated as Diabetes by *name*, regardless of the *quality* of the urine voided, or of the *causes* producing it. The treatment, in the one case, if not productive of positive injury, can certainly produce no good results.

Passing, without special notice, the other, or all other varieties of this affection, I propose to confine myself to that form

of the disease known and recognized as Diabetes Melletus; or, more properly, perhaps, Saccharine Diabetes, that form in which sugar, in greater or less quantities, is known to exist in the urine. Before proceeding further, did it not seem presumptuous in me, and as casting an imputation upon the intelligence of this Society, I might here pause, and invite your attention to the heterogeneous and compound characters of the urine, even in its most healthy condition.

An examination of healthy urine, deposited in a vessel, reveals to the eye no striking peculiarities; straw or amber colored fluid, specific gravity from 1010 to 1015, with rather a peculiar smell, is all that distinguishes it from any other fluid of a specific gravity from 1010 to 1015; to the senses it seems to be homogeneous. The most credulous could scarcely believe that some 14 or 15 substances or ingredients enter into its composition; several of which are chemically incompatible, yet so mixed and blended with each other, and in such harmonious proportions, as to constitute apparently one homogeneous whole. Sugar, however, is not one of the ingredients or elements of healthy urine. Though it is an element perhaps always present in the healthy animal economy, its appearance in the urine may be regarded as a messenger of evil omen, the harbinger of fearful portent; an enemy has insidiously crept into the citadel. The kidneys, those sleepless sentinels upon the watch-tower, that never know repose, have seized upon, and are endeavoring to eject him—eliminate him, if you please—as they do all other debris and effete matter, the retention of which would be destructive to health and life.

This disease, if such it can be called, from time immemorial has been regarded as among the *opprobria medicorum*; and, I believe, is one of the uncoveted legacies bequeathed to man only; no inferior animal, so far as I know or believe, ever being the subject of Saccharine Diabetes.

The justly celebrated Dr. Prout, to whose labors we are indebted for the existence of urinary pathology as a science, remarks: that animals are not subject to Saccharine Diabetes; and very pertinently asks, Can the exception be referred to that fertile cause of bodily disorder, *the influence of the mind*? M. Claude Bernard, the distinguished French physiologist and pathologist, mentions this fact, and almost laments it; as the physiologist, in consequence, has no means of vivisection.

Dr. Watson, the distinguished author of a Practice of Medicine, with which we are all familiar, says he had a coach-horse, that he supposed might have Diabetes: he was a great eater, and

drank eagerly, but grew thinner and thinner. Dr. Prout, he says, was kind enough to examine his urine. It contained no sugar. In this connection, allow me to state that an eminent physician of this city informed me that he lost a fine milch cow of Diabetes; discharging large quantities of urine, from the effects of which she died. He thought it probable that it was saccharine—the weight of testimony, however, preponderates against this conclusion.

If, then, as has been conclusively shown, of all created animals, man only is the subject of this malady, as well as of other analogous affections—hysteria, for instance, which may be regarded as the analogue of Saccharine Diabetes, and of which the inferior animals are never the subjects—how are we to account for their origin, except in the more highly elaborated and exalted innervation? A brain and nerve development of such exquisite, delicate structure, that while they supply the physical machinery of our bodies with all the facilities and capabilities necessary to put us in a proper, pleasant, and useful relation with the world around us, they at the same time furnish a matrix, a home for the intellect, a temporary resting-place for the immortal mind—the Soul, if you please—which grows and expands. *parri passu*, with the developments of our bodies.

I pretend to no knowledge of that subtle and mysterious connection which exists between mind and matter. Such a disquisition would be regarded as metaphysical, and foreign to the subject before us. But because we do not *understand* it, it is no proof that such connection does not exist. Do we understand how vitality, *Life*, is connected with our physical bodies? We do know many of the causes that work its destruction; but of that close, intimate connection, the whys and wherefores of which we are ignorant; and, from the very nature of the subject, it is humiliating to believe we must ever remain so. That such connection does, however, exist, we have positive proof, we are not left to conjecture; and, it is equally certain that the dependence, one upon the other, is mutual—*sana mens in sano corpore* is a trite adage; as true, however, as it is trite. Inflict upon the body severe injury, and the mind presently suffers; and, *vice versa*, severe and protracted grief, disappointed love, heavy and irreparable losses of property, of friends, and many other mentally depressing causes, react injuriously upon the body, and probably first upon the stomach, and other digestive and assimilating organs; giving rise to indigestion, and, as a consequence, to malassimilation, and, as a sequence, defective nutrition, with a long train of what we call nervous symptoms.

The cravings of hunger are at once appeased by the receipt of greatly perturbing or distressing intelligence; protract this distress indefinitely, and disease will surely follow. If any predisposition exist, we may look for Saccharine Diabetes, or some other malady growing out of deranged or imperfect innervation. That Saccharine Diabetes then is a disease, or rather the symptom of a disease, the remote cause of which may be sought for in the nervous system, I think admits of no rational doubt: the assertion, however, of any hypothesis, no matter how plausible, without reason to sustain it, is an illogical and unsatisfactory mode of reasoning. I shall therefore be excused by the Society for trespassing upon its time, while I present the reasons, collaterally, remotely, and immediately, bearing, as I conceive, upon this subject. If it be admitted that it is of nervous origin, where, or in what part of the brain or cerebro-spinal system, shall we locate it? I answer, at the base of the brain (in the fourth ventricle), or perhaps in the medulla oblongata.

The nerves presiding over and controlling the functions of the kidneys, and their congeners, the procreative organs, have, by physiologists and phrenologists, by common consent, from time immemorial, been located, and not without reason, in that part of the brain. Who among us that ever heard that king among lecturers, Professor Caldwell, on Physiology and Phrenology (for he lectured on and taught both), that does not remember his phrenological illustration of the location of the amative and procreative organs, by reference, among many other examples, to the case of a man who, from the receipt of a blow upon the occiput, had priapism as the result, and whose venereal propensities became so inflamed, that he broke over all restraints of decency; and, unless forcibly restrained, would have committed a rape upon any person that wore the female attire, even his own daughters? This, too, from a blow over the cerebellum. Again, Dr. Errichsen says that he saw a case of Saccharine Diabetes supervene upon a slight contusion upon the back of the head of a man who fell from a hay-stack; it disappeared, however, upon a reparation of the injury. And just here, allow me to state what I witnessed some seventeen or eighteen years ago, in my own practice, as collaterally, at least, connected with this investigation. Early in the morning, I was sent for urgently to visit a young, stout, athletic negro man, the property of Mr. W. O. Hyde. In this fellow was fully developed all the points indicating his strong venereal propensities and lusts: short, thick, bull-neck; very prominent occiput; most of his brain behind his ears, etc. Upon reaching his

house, which was very near the dwelling, I found him very much alarmed and greatly excited. He was the subject of priapism. The sword had been drawn, and he was unable to return it to its scabbard. My old preceptor's case at once suggested itself to my mind; and my first inquiry was, Have you struck the back of your head against any hard body, or in any manner hurt your head, or any part of it? He replied not. Do you feel any uneasiness about your head? He said that the back of his head hurt him. He then gave me, in the presence of his master, a full and frank statement of the facts of his case—and the cause of the priapism was apparent—he substantially stated as follows:—An addition had been made to the family, a day or two previously, of a young and likely girl, a house servant. They occupied the same room: the light of the apartment had scarcely grown dim, before he softly approached her couch, embraced her, wooed and caressed her, with all the soft and delicate expressions of love and affection that his amorous feelings could suggest. Not even the chivalrous and redoubtable knight of the broken helmet could have felt more deeply enchanted, when he mistook, in the enchanted inn, the embraces of a black, thick-lipped wench, for his own matchless and peerless *Dul Cenia del Toboso*. Our hero, however, wooed in vain: while she permitted such liberty calculated to inflame the ardor of his passions, she positively refused the only indulgence that could cool the incalcescence of a passion which, before day, wrought itself up to a red heat. A little after the dawn of day, however, her hitherto inexorable determination yielded; and he had not more than fleshed his sword, before the sudden opening of the chamber door, and the voice of the mistress, so startled her, that suddenly springing up, she dismounted the hopeless knight, and left him musing upon the uncertainty of all sublunary affairs, and thoroughly impressed with the truth of the adage—that there is many a slip between the cup and the lip.

The facts of the case obtained, I immediately turned loose upon the bristling front of this great moral persuader, as the Irishman would call him, the most effective artillery at my command—the lancet, tartar emetic, *ad nauseam*, cold effusions to the back of the head and neck, were all called into active requisition, and were perseveringly played upon him for 12 or 14 hours. When unable to longer stand under the unequal contest, he capitulated, and lowered his colors, slowly and sullenly retiring within his breastworks; refusing, however, an unconditional surrender. For, even on the third day, he was, as the boys would say, in a big limber, still showing fight. Dropping

the metaphor, this case did not fully recover until a large blister was drawn between the shoulders. The then owner, Mr. W. O. Hyde, resides within three miles of this city, and will vouch for the truth and accuracy of this statement.

What are the legitimate inferences to be drawn from this and similar cases? None other, than that disturbance of the nervous centres cannot long exist without derangement of the functions of the organs over which they preside; and the derangement will be in proportion to the intensity of the disturbing cause.

In the case just detailed, there was intense excitement, long continued, the most intense perhaps of all other excitements, producing an erethism of the nervous centres, that nothing but active treatment and time could quell: the erection was the effect of a mere symptom, violent reflex action; remedy the source—strike at the fountain, *fons et origo mali*, and the erection subsides; let both go unchecked, inflammation sets itself up in the virile organ, and perhaps mortification and gangrene will lop off an invaluable member: we see an analogous case in traumatic tetanus, in the unyielding rigidity of the muscles; modified, however, in this particular—the one is influenced by the excito-secretory, the other by the excito-motory system of nerves.

The reverse of this obtains; in Diabetes Melletus this disease is generally slow and insidious in approaches to the system; and, as I have ascertained from two of the sufferers, one of whom fell its victim, a total loss of virility, in the male, is among the first symptoms that give anxiety to the patient. Is not the remote cause of this disease in close proximity with the nerves of procreation, and by which they are, at least, sympathetically impressed?

This indifference to the whisperings of venereal indulgence cannot be charged to debility, for we know that in some other diseases (phthisis pulmonalis, for instance), where the debility and prostration are much greater, the venereal propensities, instead of being annulled, are, in fact, rather increased; and it is perhaps the last passion that yields to this voracious destroyer.

I have already alluded to the slow and almost imperceptible manner in which Saccharine Diabetes invades the system; and, with the views of its pathology already expressed, the Society are prepared to understand, first, that I regard it as the effect of combined physical and mental causes, operating upon the system indefinitely; and, secondly, that the disease rarely originates in any other way, except by hereditary transmission, and only then when the dormant susceptibilities are aroused by

some exciting cause; mainly, I believe, by indulgence in improper diet. That the disease is hereditary, admits of no doubt. Dr. Prout informs us that he has seen and treated many cases of Saccharine Diabetes, that were clearly hereditary in their origin. Drs. Golding Byrd, Watson, and others, confirm this statement. Indeed, we need not go beyond the limits of our own little city for proof of the hereditary origin of this disease, as two distinguished members of this Society, now present, can testify. That the disease generally originates from wear and tear of mind and body, let an example or two be submitted. Some 12 years ago, there might be seen on College Street a stout, healthy, robust young man, with no hereditary taints about his system, engaged in the vocation of a livery-keeper. Family afflictions, of a severe character to a sensitive mind, overtook him. He purchased a farm in the country; abandoned the city and a life of ease for the sterner and more laborious pursuits of agriculture, in which he actively engaged himself, making a hand in the field. In a short time, the mental abrasions still going on, his health began to fail; medical advice was sought, and, at different times, running through a period of seven or eight years, he was treated by half a dozen or more of the most eminent physicians of this city. His health, however, still continued to go down: a visit to some fashionable watering-place was advised, with no benefit; rather an aggravation of his disease. Some three or four months before his death, circumstances threw him into my neighborhood. The character of his malady, by this time, was unmistakable. It was Saccharine Diabetes, beyond any doubt; but so insidious had been its march, so obscure its symptoms, that it eluded the notice of his physicians. The complications supervening, not long before his death, and which, most likely, would have attracted the attention of the uninitiated, were pulmonary tuberculosis, with convulsions; a very frequent termination of the malady, if we may trust the authorities; the organ last attacked indicating the original seat of the disease. This case is an instructive one. It was at no time characterized by the excessive discharges of which we read, and; indeed, generally witness in the affection; had it been, there would have been no difficulty in correctly diagnosing it, in the beginning. The amount of urine passed was not greatly over the normal standard; but, I have no doubt from his statements, that it had been Saccharine from the beginning.

One more case, gentlemen, and I will dismiss this branch of the subject. A gentleman well known in this community, of

rather delicate physical structure, of sanguine temperament, of very active and industrious habits, and who accumulated an estate by his energy and indefatigable attention to the business and duties of an office that required unceasing mental as well as physical toil. Under such protracted exertion, his digestion became impaired, and Saccharine Diabetes supervened, as a consequence; in a few months, he was numbered among the victims of that fell destroyer.

Here we see all the cases in full operation, aided, perhaps, by inattention to proper dietetic regulation, to wake up the susceptibility, the predisposition that might otherwise have remained in abeyance in his system.

And here, gentlemen, allow me to ask, Did ever a case of Saccharine Diabetes fall under your observation that could not be traced to antecedent causes, such as I have described; excepting, always, such as are of hereditary transmission? And, second, have you ever discovered a case in the Negro? If not, why is he exempt from it? Let Ariel answer.

Having now, though in a very imperfect and unsatisfactory manner, I confess, settled the pathology of the disease, the remote pathology, it may be expected that I should say something of its proximate cause. How and where is the sugar formed? What particular organ or organs elaborate it? And, first, as to the proximate cause, let the illustrious Prout—though dead, he still speaketh, and will speak as long as urinary pathology shall have a votary—he says: the proximate cause of Diabetes is exceedingly obscure; that if you will tell him how fat is formed in the animal economy, or how bile is formed in the liver, he will tell you how sugar is formed in the body. The same distinguished man, in the first edition of his book on Urinary Pathology, says: it is formed in the kidneys. He subsequently abandoned that ground, and located its formation in the *primæ viæ*. The experiments and observations, however, of still later pathological investigators, locate it in the liver. Among the latter may be mentioned the names of Monsieur Bernard, of Paris, an announcement which he made about the same time that Marshall Hall made and announced the discovery of a second system of nerves, which he named the excito-secretory;* having previously announced the discovery of the excito-motory. Dr. Hall's second announcement of the excito-secretory system

*And before this announcement, Professor Campbell, of Georgia, had already announced the same thing. Dr. Marshall Hall, in an autograph letter to Dr. Campbell, concedes to the latter priority of claim to the discovery, and gracefully adds:—"The field is indisputably your own."—[Ed.]

was based upon what he styled "the brilliant experiments of Monsieur Bernard," and particularly his experiments upon the pneumo-gastric nerve, in relation to the secretions of the liver. It will be remembered by this Society, that our own countryman, Henry F. Campbell, of Georgia, claimed priority in this discovery, and opened a correspondence with Marshall Hall, in reference to it. How the matter was adjusted between them, or what the award of the literary world was, I am unable to say. But, to return from this digression, Dr. Bernard's experiments were reported by Dr. Pavy, of London, a gentleman whose fame as an able pathologist is second only to Bernard's. Dr. Davis verified and confirmed the experiments of Bernard, and pushed them still further; thereby furnishing to our profession a noble example of justice and magnanimity, of giving to Cæsar the things that are Cæsar's. The contempulle really too frequently existing between master minds of the same locality, and especially of different nationalities, too often distorts, and seeks to detract from the merits of each other. Not so, however, with Hall, Pavy, and Bernard. In the same great field, as yet but little explored, the trio march forward hand in hand; and, while enriching science with their discoveries, they are making for themselves imperishable fame.

But to return: a few of the conclusions at which these distinguished men have arrived, based upon observation and experiments, are, that the liver, during life, produces no sugar, but only the substance, named by Bernard, glucogen, but which Dr. Pavy prefers to call hepatine; now, however, he calls it amaloid, and it is only under peculiar circumstances in the living subject that it becomes sugar: the sugar found in the liver and blood, after death, is a *post-mortem* change of hepatine. Cane sugar administered appears as grape sugar in the urine. Hepatine is not naturally formed for transformation into sugar. It is probable, they say, that an altered state of the blood can produce the change by which hepatine passes into sugar: phosphoric acid, injected into the jugular vein, produces sugar, by destroying the alkalinity of the blood. The saliva, blood, and tissue of liver transform hepatine into sugar most readily. Contact with saliva, at 100 Fah., almost instantaneously. Dr. Pavy believes that hepatine goes to the formation of fat; that it does not enter the blood, as hepatine or glucogen, may be inferred from the fact that when that substance is mixed with the blood, it immediately becomes sugar. Dr. Pavy believes, with Bernard, that sugar taken into the stomach is not absorbed by the lacteals, but passes into the portal circulation; in the

liver it will appear to become hepatic, and to undergo some other change before it enters into the system. The views formerly entertained, and in which Dr. Pavy concurred, as to an extensive destruction of the saccharine principle, especially taking place during the passage of the blood through the lungs, are now shown to be incorrect. I regret, gentlemen, that I have not the time to pursue this subject further, but would refer those desiring further information to a little book recently published by Dr. Jno. Camplin, of London. With the single expression of my own poor opinion, that the sugar is formed in the *primæ viæ*, from causes already detailed, passes thence into the blood, and eliminated by the kidneys.

I now pass to a detail of the cases promised, with their treatment, as briefly as circumstances will allow me, having wearied the Society, I fear, with a paper much longer than was intended.

CASE I. Mr. C. G., a citizen of this city, aged about 56, very black hair and eyes, dark and florid complexion; cabinet workman by profession, sought medical advice from me, a little more than 12 months ago. I had known Mr. Gower for many years; lived near me when I resided in the country: from being a stout and very active man, he was so reduced and enfeebled that he excited the sympathies of all who knew him. He tottered as he walked; he did not attempt to walk unless supported by his cane. He was free of cough, or I should have supposed him far gone in consumption.

He told me that for about three years he had been troubled with frequent and heavy discharges of urine. The Doctors called his disease "Diabetes." He had consulted with several medical gentlemen, and had been under treatment for more than two years, but had steadily gone down until he could hardly put one foot before the other. "How much water do you pass in twenty-four hours?" "From 16 to 18 pints." "Have you measured it?" "I have." "Have you been passing that quantity all the time?" "Well, I don't know that I have every day and night, but I pass a great deal all the time." "What is the color of your water?" "About the common color—rather deeper at some times than others; and, as I pass it in a vessel, seems thick, and foams like soap-suds." "Have you ever tasted it, or had reason to believe that it contained sugar?" "I have; the Doctors told me that there was sugar in it. I know it has, for the flies swarm around it, as they do about a leaky molasses barrel; and, when passing it, a drop that chances to fall upon my pants, upon drying, becomes of a whitish cast; or, if I make water upon the grass about the yard, upon drying, it leaves a

whitish-looking deposit." No chemical tests or analyses were necessary to assist the diagnosis in this case. It was beyond doubt a case of Saccharine Diabetes, and, as I thought, beyond remedy. He was troubled, also, with tormenting thirst and a voracious appetite, and at night especially, with horrible pains of the loins, hips, and legs. I commenced, after giving him strict injunctions as to diet; directing him to refrain from, as far as practicable, all food of an amylaceous character. I put him on creasote, four-sixths of a drop diluted in water, to be taken during the day and night, with opium, *pro re nata*, from two to four grs. per day, with various plasters, unguents, liniments, etc., to the different seats of pain. Passed the electric current several times through his emaciated and dwindled lower extremities. Under this treatment the disease was mitigated and held in abeyance. The quantity of urine diminished; and in some respects his case was more hopeful; but he gained neither flesh nor strength. Thus stood the case until the first of January last, about which time I saw in *The New York Medical Record*, a notice of a new work on Diabetes Melletus, by Dr. John Camplin, of London, himself a diabetic. The book bears the title: "On the Jurantia et Seditia in Diabetes." I lost no time in procuring a copy, which I did in a few days, through the kindness of Messrs. Paul, Tavel & Hanner, booksellers of this city. Gave it a cursory examination, and, as speedily as possible, adopted the treatment to the letter indicated by Dr. Camplin. The change in my patient was not only unexpected, but I almost doubted the possibility that in so short a time dietetic regulations only could have wrought such a change. I regarded it either as a miracle, or one of those freaks in disease now and then met with, where apparently rapidly-approaching death lets go its grip, and lets the prisoner free, notwithstanding the prognosis of the Doctor. In three days, Mr. G. will tell you, his urine diminished at least one-half; his pains, so agonizing before as to require opium, left him, as by enchantment; his mouth and tongue, before dry, became moist; salivary glands discharged their functions well; relished his chew of tobacco, and spit as well as anybody; his spirits, before gloomy and depressed, became buoyant and cheerful; and, in eight weeks from the time he commenced the treatment, he had gained 8 pounds, or 1 pound a week. By this time could chop his own wood, get his own water, walk the distance of nearly a half mile to market, with basket on arm, and back, without fatigue.

This is a truthful and correct account of the progress of this

case under Dr. C.'s treatment. What treatment is it that can almost raise the dead? What raised the Doctor himself (who was almost at death's door) from the same disease; and, as he avers, not only mitigated, but cured a number of cases, almost as far gone as his own? The character of the man, as set forth in his writing; his associations with such men as Dr. Prout, whom he consulted, and who suggested the bran-cake as a proper diet for him, taken altogether, leave us no doubt of the truth of his statements; more especially, when, to a great extent, we have verified them to the letter; and found that whenever the patient violated the programme of diet, the injurious effects would be manifested in less than ten hours.

The treatment is mainly dietetic, and consists in a total abnegation of all and every species of amylaceous food. Touch not, taste not, handle not, *starch*. It is an unclean thing in this disease. As soon as swallowed it is converted into sugar; and in proportion to the quantity taken will be the amount of sugar manufactured; which excites the kidneys; and the flood-gates are open; and wasting and exhausting discharges drain the body of flesh and strength, besides deranging almost every function. Dr. Prout suggested to Dr. C. the bran-bread or cake: Complin tried it, with no good results, because it contained 52 per cent. of starch, as an analysis proved. Complin then determined to have the starch washed out, which he did, by passing it through two or three waters. That done, it was dried in a quick-oven and pulverized; then milk, eggs, soda (or not), ginger or nutmeg, and the whole kneaded with butter and baked in small pans, quickly, make up the Camplin bran-cake; which, as it contains no starch, may be eaten with impunity by the patient, with butter, mutton, pork, cheese, milk, and soft eggs. Vegetables are permitted, of the non-amylaceous family. My patient ate freely of cabbage and sour-kraut during the winter, and no bad results were noticed after it. As to medical treatment, I have but little to say. No therapeutic agent, I believe, it is conceded, exerts much influence over the formation of the sugar; and any medicine or food that cannot or will not do that, will be either nugatory or mischievous. Medicines may be, and no doubt are necessary, *pro re nata*, during the existence of the disease. The liver, the skin, the bowels and lungs, should in this, as in all diseases, share our attention.

CASE II. This case is a sprightly, intelligent young lady of this city, who, while in the city of New York, on a visit, last winter, had an acute attack of hereditary Saccharine Diabetes. I say hereditary. Her father died of the same malady, about

two years ago. Her friends had her brought home here. Dr. Atchison, the family physician, aided by Dr. Joseph Jones, was in charge of her case, when I also was invited to see her. Finding that she was upon the Camplin treatment, already detailed in case 1st, I retired, leaving the case in the care of the above-named gentlemen.

Dr. Atchison, at my request, furnished me, a few days since, the following statement in reference to the treatment, results, etc., of the case, *viz.*:—

DEAR DOCTOR:—The following is a brief outline of the case of Diabetes Melletus, now under my care:—A young lady, aged 18, light hair, fair skin, small stature, having previously enjoyed good health, was attacked about the 1st of January, while on a visit to the city of New York, with what was at first supposed to be by her physicians remittent fever, characterized by great thirst, dry tongue, febrile exacerbations in the evening, loss of appetite, etc. After two or three weeks of unavailing treatment, attention was called to the urinary organs, and an analysis made of the urine, which revealed the following results:—The amount of urine passed in 24 hours, $5\frac{1}{2}$ pints; sugar per ounce, 5 grains; specific gravity, 1038. She was immediately ordered on ferruginous tonics, nitric acid, and the Camplin diet. Her friends being informed of her condition, she was ordered home: treatment was not commenced until the 16th of February, when, assisted by Professor Joseph Jones, another analysis was made, showing: 7 grs. sugar to the $\frac{5}{8}$., with a specific gravity of 1040; quantity passed, $7\frac{1}{2}$ pints per day.

No appearance of catamenia for three months. Bowels constipated and distended; countenance pale; digestion feeble. Ordered pills, Vallet's mass., co. extract colocynth, ex. nux vomica, to be given three times a day, with cod-liver oil, and the Camplin diet to be rigidly adhered to, with saline baths and free exercise in the open air. No material change for about two weeks. Quantity of urine per day varying from 5 to 7 pints. At this time a large amount of scybalous matter was discharged from the bowels, with great relief. Appetite and general appearance improved. Specific gravity of urine fallen to 1020; quantity not materially lessened. Pills and cod-liver oil withdrawn; ordered phosphates of soda, lime, and iron, to be given in milk, after each meal. Diet continued, and visit to the country. In about three weeks she returned much improved, voiding only about 3 pints per day. No analysis made. Has gained strength, and general appearance good. Treatment continued, and again ordered to the country. From that time

the convalescence was uninterrupted. Menstrual flux occurred on the 3d of May, normal in quantity, and without disturbance. Quantity of urine now passed per day, about 2 pints, healthy in appearance. Bread is now allowed in moderate quantities. She has resumed her natural gaiety and *embonpoint*, and seems perfectly well; though, as a prudential measure, her diet is still much restricted.

In conclusion, gentlemen, I will add, that when either of these patients departed from the programme of diet, the bad effects were clearly observed in 8 or 10 hours; the amount of urine being greatly increased; and, I have no doubt, the increase was due entirely to the conversion of the starch into sugar, which stimulated the kidneys to increased secretion.—*Nashville Journal of Medicine and Surgery.*

A NEW TREATMENT FOR CHRONIC DYSENTERY.

By E. MALCOLM MORSE, M.D., San Francisco.

Chronic Dysentery generally means inflammation and ulceration of the large intestine. Instead of expecting a cure by giving medicines by the mouth, to act through the blood, or to travel ten yards before arriving at the seat of the disease, or giving medicated enemas in so small a bulk that they are hardly sufficient to fill the rectum, I have been in the habit of washing out the whole rectum and colon by throwing up into the large intestine from two to five pints of Labarraque's solution of the chloride of soda, diluted, thus making a topical application to the ulcers of one of the best, most cleansing, stimulating, and healing solutions contained in our Pharmacœpia. This remedy gives little or no pain, is perfectly safe, and may be considered a specific in uncomplicated ulceration of the large intestine. By uncomplicated ulceration of the large intestine, I mean dysentery not kept up by the organic disease of the heart, or phthisis pulmonalis; and not dependent on irremediable obstruction of the liver or spleen. For in each of these four cases the dysentery is produced by, or complicated with, a more serious primary disease.

In presenting to the members of the Medical profession, this plan of treatment for chronic dysentery, not found in any of the text books with which I am familiar, I would feel some hesitation, and not a little responsibility, did I not know that the theory itself is based on rational principles; and the success of

the application of this theory as witnessed by myself during eleven years, is so marked that I can confidently recommend it as a safe cure for some of the worst cases of this formidable disease. I have seen patients that have been suffering for months and even years, with chronic dysentery, rescued by the application of these chloride of soda enemas, from the jaws of death.

The mortality in chronic dysentery, both under the old and the latest method of treatment, is very great.

On examination of the bellies of those who have died with this disease we find the mucous membrane of the large intestine extensively ulcerated; very often ulcers are low down; they are found principally in the rectum and descending colon; often in the transverse colon and cæcum. Dr. Wood says: "The mucous membrane of the rectum and the lower portion of the colon always evince signs of inflammation in cases of death by dysentery. It is much reddened and thickened and not unfrequently ulcerated. Ulcers, in fact, exist in this disease more frequently than in any other acute inflammation of the alimentary canal, unless in the follicular enteritis of typhoid fever and small-pox. The danger is proportionate to the extent of the colon involved." Now, if we have a patient suffering from a simple ulcer in the mouth, we do not attempt to heal it by throwing up astringent or opiate enemas into his rectum; we apply the remedial agent directly to the seat of the injury. And if we have a patient with ulcers in the colon, why not apply the proper medicine at once to the proper place?

In order to get the patient into a proper condition to derive the most benefit from these injections, I am in the habit of pursuing the following method. I regulate his diet carefully, of course, and keep him in a recumbent position in order to assist the return of blood from the engorged mesenteric veins, and those smaller tributaries which are distributed along the large intestine. This state of engorgement prevents the ulcers from healing, and renders each ulcer an outlet from which, in blood serum, the stream of life ebbs out like water from the tubs of the daughters of Danaus. At day-break on every alternative or fourth day, I give a mild cathartic or aperient, in order to clear out the alimentary canal. The ordinary contents of the intestine produce great irritation when it is in this engorged and hyperæsthetic condition; and it is better to get rid of the fæces about the same time, instead of letting them run in dribblets over the raw surface every hour or two. After the cathartic or aperient has acted sufficiently, I inject very slowly from

two to four pints of Labarraque's solution of chloride of soda, diluted, into the large intestine; in this way it becomes a topical application. The right strength for the first enema, is twenty parts of water to one of Labarraque's solution. I inject as much of this mixture as he can be made to retain. Two or three pints will generally be enough. Sometimes as much as five pints may be given. Each enema should be a little stronger, until the patient can feel it smart or burn. When this happens the solution is of the proper strength. The patient should be on his right side, or on his knees with his head low down, while these enemata are being administered. Occasionally it is necessary for him to change his position several times, in order that the wash may reach every point where it is needed. Should there be much tenesmus after the injection has been passed, I give an enema of the tinct. opii, or an opium suppository. These applications of the chloride of soda should generally be made once a day. Occasionally it is necessary to give them twice a day; and sometimes on account of the sensitiveness of the ulcers as they begin to heal, it is better to leave them off for several days, or give weaker solutions. The next indication in the treatment, after cleaning out the alimentary canal and washing the ulcers with the medicated solution, is to keep the bowels quiet, so that the ulcers may remain clean and heal up under the topical application. In suggesting the means of accomplishing this desideratum, I am getting upon very debatable ground. The old proverb, "tot homines tot sententiones" must certainly have been arms intended for physicians. Each one of us has his own way of using the with which we combat disease. I generally give large doses of sub-nitrate of bismuth, three times a day; repeated opiate enemata and suppositories, in order not to disorder the stomach; Dover's powders, repeated if necessary; charcoal, or the mineral and vegetable astringents; the ant-acids, leeches and fomentations; taking great care to *keep up* the effect of the medicine, by giving them every hour or two. If one drug fails I try another, or give a combination of several of them; in order to have as few stools as possible passing over the ulcerated surfaces while they are healing.—*California Medical Gazette*.

SPIROGRAPH.—We learn from the *Lancet*, that Dr. David C. McVail, of Northumberland, has constructed an instrument which, as he claims, will record the respiratory movements accurately, and can be applied easily to any portion of the chest or abdomen.—*Med. and Surg. Reporter*.

Book Notices.

Transactions of the American Dental Association, at its Fifth and Sixth Annual Meetings, in 1865 and 1866.

This is an octavo volume of over 500 pages, containing a goodly number of addresses, reports, discussions, papers, etc. Among them, we would particularly mention the following:—

The report on Dental Physiology, by Dr. Fitch, of New York, contains suggestions of high importance. An article on Dental Hygiene, by Dr. Chase, of Iowa, is good, but would be better if longer. A paper on the Development and Reproduction of Animal Tissues, by Dr. Buckingham, of Philadelphia, is a good exposition of Virchow's cell theory. The reports upon Pathology and Surgery, by Dr. Atkinson, of New York, contain much that is interesting, but are somewhat transcendental; reminding one of the writings of Andrew Jackson Davis. The remarks on Dental Manipulations, by Dr. McQuillen, of Philadelphia, should be read and remembered by all bunglers. An article on the Sacrifice of Human Teeth, by Dr. Knapp, of New Orleans, ought to be read and studied by all medical juveniles "who love to pull teeth." The remarks on Dental Education, Quack Tooth-Powders, Reproduction of Alveolar Processes, Dental Hygiene, and many other subjects of like import, are all well worthy of perusal. In one of the discussions, the Exsection of Exposed Pulp, by Dr. Allport, of Chicago, is commented upon. The address by the late Dr. Brainard, on Specialties in Medicine, and the remarks on the Brotherhood of Medical Science, by the Editor, are reported in full.

We are glad to see the dentists of this country thus organizing for the promotion of their branch of medical science and practice; and such action betokens that, at no distant day, all dentists of respectable standing must be graduates in medicine.

SANITARY STATISTICS OF CHICAGO FOR 1868.

The following is a carefully prepared statement of the facts that have been gathered within the jurisdiction of the Chicago Health Department, for the year 1868. These facts pertain to the sanitary and meteorological condition of the city; and there are some interesting facts, which may be discussed by the next social science congress. Although the number of deaths in the city is considerably larger than last year, the city has been considered in a very good hygienic condition throughout the year. The increased mortality may be attributed to the large increase in the rain fall, as well as to the growth of the city.

OFFICERS OF THE BOARD.

Commissioners—Hon. J. B. Rice, President; Samuel Hoard, Wm. Giles, A. B. Reynolds, H. A. Johnson, M.D., J. H. Rauch, M.D., Wm. Wagner, M.D.

Sanitary Superintendent and Registrar of Vital Statistics—John H. Rauch, M.D.

City Physician—N. T. Quailes.

Health Officer—Ambrose Burnam.

Secretary—Jacob W. Russell.

Clerks—H. P. Wright, I. Rosenthal.

WARD.	Sanitary Inspectors.
1.	E. Powell, M.D.
2.	W. C. Lyman, M.D.
3.	J. M. Woodworth, M.D.
4.	E. O. F. Roler, M.D.
5.	M. Mannheimer, M.D.
6.	R. M. Lackey, M.D.
7.	E. W. Lee, M.D.
8.	P. Adolphus, M.D.
9.	Geo. Kellogg, M.D.
10.	W. R. Marsh, M.D.
11.	T. P. Seeley, M.D.
12.	H. M. Lyman, M.D.
13.	T. W. Miller, M.D.
14.	Geo. Schlotzer, M.D.
15.	J. Reid, M.D.
16.	D. B. Trimble, M.D.

WARD.	Sanitary Policemen.
1.	W. O. Ludlow.
2.	M. W. White.
3.	S. Wilson.
4.	J. W. Buel.
5.	J. Finnucan.
6.	R. Blow.
7.	Thos. McGirr.
8.	J. J. Heckman.
9.	H. Musselman.
10.	M. Cole.
11.	L. S. House.
12.	H. L. Alexander.
13.	J. Hettinger.
14.	Jas. Keefe.
15.	Geo. Vocke.
16.	G. W. Merrill.

Cattle Inspector at Union Stock Yards—S. P. Hopkins.

Janitor—J. Rosenthal.

MORTALITY FOR THE YEAR 1868.

Abdomen, injury of,-----	2	Cellutis,-----	2	gual-----	2
" tumor of,-----	7	" pelvic,-----	2	Glottis, spasms of,-----	1
Abscess,-----	5	Cerebellum, disease of	1	Gout,-----	2
Accident, drowned-----	46	Cerebritis,-----	2	Groin, cancer of,-----	1
" burned,-----	2	Chicken pox,-----	2	Hemorrhage,-----	10
" machinery,-----	4	Childbirth-----	10	Heart, congestion of,-----	1
" railroad,-----	21	Chlorosis-----	1	" disease of,-----	80
" fall,-----	7	Cholera infantum,-----	743	" dropsy of,-----	5
" gunshot,-----	7	" morbus,-----	25	" hypatropy of,-----	5
" poison,-----	8	Colic, lead,-----	1	" inflammation,-----	1
" scalding-----	6	Colitis,-----	1	Hernioplegia,-----	5
" suffocation-----	4	Convulsions,-----	607	Hepatitis,-----	20
" from other causes,-----	31	" puerperal-----	11	Hernia,-----	9
Anæmia,-----	4	Cyanosis,-----	6	Hydrocephalus,-----	129
Anasarca,-----	5	Croup,-----	112	Hydropericardium,-----	2
Aneurism, rupture of-----	1	Cystitis,-----	5	Hydrothorax,-----	14
Angina,-----	13	Debility-----	79	Ileus,-----	3
Anus, cancer of,-----	1	Delirium tremens,-----	18	Inanition,-----	97
Aorta, aneurism of,-----	2	Deficient development	1	Indigestion-----	6
Aphthæ,-----	5	Diabetes,-----	1	Infanticide,-----	1
Apoplexy,-----	5	Diarrhœa,-----	203	Injuries,-----	2
Aseites,-----	6	" chronic,-----	47	Insanity,-----	2
Asphyxia,-----	3	Diphtheria,-----	88	Insufficiency of aortic	
Asthma,-----	4	Dropsy,-----	41	semi-lunar valves,-----	1
Atelectasis pulmonium	6	Duodenum, cancer of	1	Intemperance,-----	20
Atrophy,-----	2	Dysentery-----	153	Intestines, injuries of,	1
Births, premature,-----	170	Dyspepsia-----	2	Ischuria,-----	1
" still,-----	395	Eczma,-----	1	Jaundice,-----	11
" tedious,-----	9	Embolia,-----	1	Kidneys, Bright's dis-	
Biliary calculi,-----	1	Encephaloid, general-----	1	ease of,-----	15
Bladder, hemorrhage-----	1	Endocarditis-----	3	" disease of,-----	4
" inflammation-----	1	Enteritis,-----	39	" inflammation-----	12
Bowels, inflammation,-----	44	Enterocolitis,-----	16	Laryngitis,-----	22
" congestion of,-----	6	Epilepsy-----	11	Leg, compound frac-	
" cancer of,-----	5	Epistaxis,-----	1	ture of,-----	1
" gangrene of,-----	1	Erysipelas,-----	26	Leg, tumor of,-----	1
" hemorrhage of,-----	1	Exhaustion,-----	5	Leucocythæmia,-----	1
" obstruction of,-----	1	Exostosis,-----	1	Lientery,-----	1
" perforation of,-----	2	Exposure,-----	2	Liver, abscess of,-----	1
" ulceration of,-----	7	Face, cancer of,-----	1	" atrophy of,-----	2
Brain, concussion of,-----	2	Femur, compound frac-		" cancer of,-----	2
Brain, congestion of,-----	57	ture of,-----	1	" cirrhosis of,-----	7
" compression of,-----	1	Fever, congestive,-----	13	" congestion of,-----	3
" effusion of,-----	1	" intermittent,-----	7	" fatty, degenera-	
" disease of,-----	16	" puerperal,-----	35	tion of,-----	1
" inflammation,-----	72	" remittent-----	9	" disease of,-----	4
" softening of,-----	8	" scarlet,-----	173	" enlargement of,-----	1
" tubercular dise.-----	2	" typhoid,-----	199	" induration of,-----	2
Breast, cancer of,-----	10	" typhus,-----	6	" tumor of,-----	1
Bronchitis,-----	74	Fungus, hæmatodes,-----	2	Lungs, abscess of,-----	1
Carbuncle,-----	2	Gangrene,-----	7	" apoplexy of,-----	1
Cancer,-----	7	Gastritis,-----	28	" congestion of,-----	46
Calculus, prostrate-----	1	Gastro-enteritis,-----	13	" effusion of,-----	1
Carditis rheumatic,-----	1	Gastromalaxia,-----	1	" emphysema of,-----	3
Catarrh,-----	3	Glands, inflammation		" hemorrhage of,-----	11
		of parotid sublin-		" paralysis of,-----	6

Malassimilation	1	Ovarian tumor	5	Syncope	2
Malformation	1	Palate defective	2	Syphilis	3
Manslaughter	5	Paralysis	21	Tabes mesenterica	158
Measles	107	Paraplegia	2	Tedious labor	1
Meningitis	66	Parotitis	5	Teething	188
" cerebro-spi-		Pericarditis	7	Tetanus	12
nal	41	Periostitis	1	Throat, cancer of	1
" tubercular		Peritonæum, cancer of	1	" inflammation	1
Menses, suppression of	1	Perdonitis	39	" malformation	1
Metral valves, insuffi-		Pharyngitis	1	" malignant sore	1
ciency of	2	Phlebitis, uterine	1	Tongue, cancer of	2
" disease of	2	Pluenitis	4	Tonsillitis	1
Metritis	4	Phthisis pulmonalis	418	Trismus	1
Metro-phlebitis, puer-		Pleurisy	12	Tumor, encephaloid	1
perol	1	Pneumonia	333	Umbilical cord, slough-	
Miliaria, puerperum	1	Purpura	1	ing of	1
Miscarriage	1	Pyæmia	13	Umeria	7
Morbus coxarius	5	Rectum, cancer of	1	Urethra, stricture of	1
Mouth, canker sore of	8	Rheumatism	7	Uterus, cancer of	18
" cancer of	1	Scrofula	9	" disease	1
" ulceration of	1	Scurvy	1	" hemorrhage of	4
Mumps	1	Septuerna	1	" inflammation	1
Myelitis	4	Skull, fracture of	4	" rupture of	1
Neck, cancer of	3	Small-pox	146	" tumor of	1
Necrosis	1	Spine, caries of	3	Urinary infiltration	1
Nervous irritation	1	" disease of	4	Varioloid	6
Nutrition, impaired	4	" dropsy of	2	Vitality, deficient	7
Occipital bone, depres-		" injury of	2	Whooping-cough	86
sion of	1	Stomach, cancer of	22	Worms	1
Œsophagus, stricture	1	" congestion of	3	Unknown	22
Œdema glottedis	3	" hemorrhage	1		
Old age	73	Stomatitis	1	Total	5960
Opium, overdose	1	Suicide	33	Accidents & suicides	205
Ovaritis	1	Sunstroke	23	Immigrants	163

AGES.

Under 1	2238	30 to 40	447	90 to 100	2
1 to 3	1187	40 to 50	323	100 to 105	2
3 to 5	291	50 to 60	175	Unknown	18
5 to 10	304	60 to 70	167		
10 to 20	202	70 to 80	123	Total	5960
20 to 30	447	80 to 90	34		
Males	3243	Females	2717	Total	5960
Single	4740	Married	1220	Total	5960
White	5893	Colored	67	Total	5960

NATIVITY.

Africa	2	Ireland	512	Sandwich Islands	1
Austria	6	Isle of Man	2	Scotland	41
Bavaria	3	Italy	7	Sweden	137
Bermuda	1	Jamacia	1	Switzerland	9
Bohemia	62	New Brunswick	2	At Sea	2
Canada	62	Newfoundland	1	United States	920
Chicago	3162	Norway	113	Wales	2
Denmark	7	Nova Scotia	2	West Indies	1
England	107	Prince Edward's Is-		Unknown	29
France	13	land	1		
Germany	705	Poland	10	Total	5960
Holland	35	Russia	2		

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5960

MORTALITY BY WARDS.

1st Ward,-----	92	Armory,-----	2	Hospital for Women	6
2nd "-----	213	Bridewell,-----	9	and Children,-----	31
3rd "-----	284	Chicago River,-----	15	Home for Friendless,-----	163
4th "-----	305	Convent of the Sacred	1	Immigrants,-----	14
5th "-----	348	Heart,-----	1	Lake Michigan,-----	26
6th "-----	356	County Jail,-----	1	Protestant Orphan	3
7th "-----	673	Hospital of Alexian	4	Asylum,-----	7
8th "-----	371	Brothers,-----	2	St. Joseph Orphan Asy-	28
9th "-----	306	Hospital of Cook Co.,-----	22	lums,-----	3
10th "-----	205	Hospital of Lake Co.,-----	10	Police Station,-----	39
11th "-----	336	Marine Hospital,-----	34	Soldiers' Home,-----	1
12th "-----	458	Mercy Hospital,-----	11	Yard of Rock Island	3
13th "-----	319	St. Luke's Hospital,-----	2	Railroad,-----	5960
14th "-----	377	St. Mary's Hospital,-----		Unknown,-----	
15th "-----	512	Half-Orphan Asylum,-----			
16th "-----	285				
Total,-----					

PERCENTAGE OF DEATHS BY WARDS FOR 1868.

Wards.	No. of deaths.	Population in 1868.	1 death in	Wards.	No. of deaths.	Population in 1868.	1 death in
1st,	92	9,094	97 $\frac{1}{2}$	9th,	306	19,297	63
2d,	213	13,074	61 $\frac{1}{2}$	10th,	205	12,925	63
3d,	284	15,076	60	11th,	336	14,340	42 $\frac{1}{2}$
4th,	305	17,796	58 $\frac{1}{2}$	12th,	458	17,485	38
5th,	348	16,033	46	13th,	319	11,164	35
6th,	356	13,083	36 $\frac{1}{2}$	14th,	377	14,839	39 $\frac{1}{2}$
7th,	673	25,492	38	15th,	512	21,078	41
8th,	371	15,813	42 $\frac{1}{2}$	16th,	285	15,465	61 $\frac{1}{2}$

METEOROLOGICAL.

Highest and lowest temperature, with range of same, and rain, snow, and mortality for 1868; also mortality for 1867, with rain, showing the influence of want of drainage:—

1868.	Highest Temperature.	Lowest Temperature.	Range of Temperature.	Rain.	Snow.	Mortality for 1868.	Mortality for 1867.	Rain.
	de F	de F		in.	in.			in.
January,.....	41	- 7	48	1.28	7 $\frac{1}{2}$	441	299	1.93
February,.....	56	- 9	65	0.93	4 $\frac{1}{2}$	425	255	2.23
March,.....	72	5	67	5.25	5 $\frac{1}{2}$	381	280	1.59
April,.....	73	19	54	3.00		307	278	1.70
May,.....	75	13	62	2.73		321	241	4.22
June,.....	90	56	40	3.11		305	283	1.86
July,.....	100	70	30	2.89		897	597	1.52
August,.....	88	60	28	3.58		945	697	2.33
September,.....	84	43	41	7.08		741	507	0.40
October,.....	74	37	37	1.69		448	428	1.28
November,.....	62	27	35	2.60	3 $\frac{3}{4}$	401	370	1.77
December,.....	48	- 11	59	1.41	8 $\frac{1}{2}$	348	409	1.10
Totals,.....				35.55	30	5960	4644	21.93

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Months.	Total.	Hospitals.	Colored.	Total.	Males.	Females.	Total by months.
January, males.....	234	9	1	244	244	493
females	243	4	2	249	.....	249	.....
February, males.....	221	7	4	232	232	.....	467
females	225	8	2	235	.....	235	.....
March, males	291	8	1	300	300	.....	569
females	259	10	.....	269	.....	269	.....
April, males	253	4	2	259	259	.....	501
females	239	3	.....	242	.....	242	.....
May, males	254	4	3	261	261	.....	506
females	232	11	2	245	.....	245	.....
June, males	256	10	2	268	268	.....	482
females	199	12	3	214	.....	214	.....
July, males	259	4	.....	263	263	.....	496
females	223	9	1	233	.....	233	.....
August, males.....	326	8	3	337	337	.....	642
females	292	10	3	305	.....	305	.....
September, males.....	298	11	2	311	311	.....	569
females	250	8	.....	258	.....	258	.....
October, males.....	278	5	3	286	286	.....	574
females	279	7	2	288	.....	288	.....
November, males.....	328	6	2	336	336	.....	605
females	263	6	.....	269	.....	269	.....
December, males.....	225	3	3	231	231	.....	444
females	208	3	2	213	.....	213	.....
Total.....		170	.....				6348
Colored, males		1	.....	25	25	.....
females		2	.....	18	.....	18	
By wards, total		173	.....			
Twins,		2	.....			

There will be about 150 more reported for the month of December, making the total reported 6498. As near as we can ascertain, we have all, with the exception of about one-fourth, making the total births for the city 8312.

DEATHS BY MONTHS.

January,	441	June,	305	October,	448
February,	425	July,	897	November,	401
March,	381	August,	945	December,	348
April,	307	September,	741		
May,	321			Total,	5960

ANNUAL REPORT OF THE CITY PHYSICIAN.

CHICAGO, Dec. 31, 1868.—*To the Board of Health of the City of Chicago:*
GENTLEMEN—I hereby submit my annual report for the year ending Dec. 31,

SMALL-POX HOSPITAL.

The number of patients remaining in the hospital, Jan. 1, 1868, was... 42
Admitted during the year.....296

Total, 338

The whole number discharged and cured was.....	314
The whole number of deaths.....	24
Remaining in the hospital at date.....	none

Total, 338

The number and diseases of those discharged cured, were as follows:

Vareola confluens.....	116
Vareola coherens.....	51
Vareola descreta.....	98
Varioloid.....	41
Rubeola.....	6
Scarlatina.....	2

Total, 314

The number and diseases of those who died were as follows:

Vareola confluens.....	20
Phthisis pulmonalis.....	3
Valvular disease of the heart.....	1

The mortality, it will be seen, is rather large, being about 7 per cent. However, when it is considered that four patients died from organic diseases during the stage of convalescence, having had the small-pox in a mild form, and that four died inside of 48 hours after their admission into the hospital, the percentage is considerably reduced and compares favorably, I think, with that of similar institutions elsewhere.

Among those admitted 22 had never been vaccinated, and 19 in which vaccination had been unsuccessful; of the former, 12, and of the latter, 8, proved fatal.

The average time of treatment in the hospital was 27½ days.

The nationalities were as follows:

Americans.....	123	Ireland.....	22	France.....	4
" colored.....	33	Norway.....	21	Scotland.....	5
Germany.....	79	England.....	11	Canada West.....	4
Sweden.....	29	Denmark.....	7		
Total.....					338

CITY BRIDEWELL.

The number and diseases of those treated at the City Bridewell during the year ending Dec. 31, 1868, were as follows:

Delirium Tremens.....	76	Pleurisy.....	8	Wounds.....	49
Rheumatism.....	45	Phthisis pulmonalis.....	12	Contusions.....	68
Syphilis.....	98	Neuralgia.....	24	Sprains.....	14
Gonorrhœa.....	24	Typhoid fever.....	6	Abscesses.....	15
Diarrhœa.....	93	Intermittent fever.....	18	Dislocations.....	6
Dysentery.....	7	Remittent fever.....	21	Fractures.....	4
Bronchitis.....	41	Erysipelas.....	6	Granular ophthalmia.....	20
Pneumonia.....	6	Nervous exhaustion.....	36	Iritis.....	10

Total, 602

The number and diseases of those who died were as follows:

Delirium Tremens.....	6	Erysipelas.....	1	Phthisis pulmonalis.....	1
Typhoid fever.....	1				

Total, 9

The number sent to the County Hospital was..... 19

Sent to the County Poor-House..... 16

Sent to the Small-Pox Hospital..... 4

Total, 39

The cases sent to the hospital were such as could not conveniently be treated in the institution, with its present accommodations, and those sent to the Poor-House were persons old and infirm, who were in bridewell under the charge of vagrancy.

On the whole, the sanitary condition of the institution during the past year has been good, and no diseases have prevailed excepting those caused by exposure and violence.

All of which is respectfully submitted.

N. T. QUALES, M.D.,
City Physician.

SMALL-POX

The following table shows the small-pox cases reported by wards and months:

WARDS.....	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total.
January.....	4	19	9	9	38	15	29	13	9	11	20	13	2	11	20	6	288
February.....	7	26	18	20	66	10	18	12	11	5	19	4	2	10	12	7	247
March.....	2	12	17	5	35	6	21	9	5	2	19	12	2	11	18	8	184
April.....	3	14	7	14	13	6	11	8	4	3	5	11	3	6	12	10	130
May.....	4	5	2	5	12	9	7	4	3	4	9	4	15	7	16	4	110
June.....	7	9	7	1	5	1	...	...	2	1	4	2	2	3	6	4	54
July.....	2	...	...	1	...	...	...	1	...	3	2	1	1	2	3	...	16
August.....	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	3
September.....	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	4
October.....	...	...	1	...	...	...	7	...	...	1	...	...	...	...	1	...	10
November.....	...	1	...	...	1	...	...	...	...	...	1	...	2	1	7	...	13
December.....	...	...	...	...	...	2	1	...	2	...	...	...	4	1	...	...	10
Total.....	29	36	61	56	170	47	95	48	37	29	79	47	33	55	98	39	1009

VARIOLOID.

The following table will show the varioloid cases reported by wards and months:

WARDS.....	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total.
January.....	3	12	...	6	19	5	11	4	3	3	6	2	...	9	2	4	89
February.....	3	3	4	10	...	3	8	6	5	...	5	2	...	3	2	3	57
March.....	6	1	3	3	8	7	3	7	1	1	3	1	...	1	1	1	48
April.....	...	4	1	2	6	3	6	2	3	4	2	1	1	4	2	5	48
May.....	1	4	2	1	3	1	4	...	1	1	...	...	3	3	1	1	24
June.....	...	...	3	2	...	...	1	...	1	...	1	2	1	...	4	...	15
July.....	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	2
August.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
September.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
October.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
November.....	...	1	...	1	...	...	1	...	...	...	1	...	1	1	2	...	8
December.....	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2
Total.....	13	25	13	25	36	19	34	20	14	9	17	9	6	23	13	16	292
Total of small-pox and varioloid cases.....	1301																

NUMBER OF PATIENTS REMOVED TO THE SMALL-POX HOSPITAL.

January.....	46	June.....	30	October.....	8
February.....	64	July.....	4	November.....	16
March.....	46	August.....	3	December.....	2
April.....	36	September.....	2		
May.....	41			Total.....	298

GRATUITOUS VACCINATIONS FOR 1868.

Dr. E. Powell	34	Dr. P. Adolphus	670	Dr. Geo. Schloetzer.....	187
Dr. W. C. Lyman	168	Dr. Geo. Kellogg	35	Dr. J. Reid	170
Dr. J. M. Woodworth	100	Dr. W. R. Mulsh	350	Dr. D. B. Trimble.....	80
Dr. E. O. F. Roler	90	Dr. T. P. Seeley	100	Dr. N. T. Quales.....	313
Dr. M. Mannheimer.....	300	Dr. H. M. Lyman.....	150	Sanitary superinten't	278
Dr. R. M. Lackey.....	260	Dr. T. W. Miller.....	125		
Dr. E. W. Lee.....	600			Total,	4010

During the year, 10,500 children were examined in private schools, and 4700 in public schools. Eight hundred and ten vaccine crusts were distributed.

INSPECTION OF IMMIGRANT TRAINS.

Number of immigrant trains inspected by sanitary inspectors and sanitary policemen of First, Second, Third, and Eleventh wards, were 210.

NUMBER OF IMMIGRANTS ARRIVED.

By Michigan Central railroad	26,873
By Michigan Southern railroad	24,500
By all other routes	26,000
Total.....	77,373

Number of immigrants, suffering with small-pox, removed from depots to small-pox hospital, were 48.

MEAT INSPECTION.

All meat and vegetable markets in the city are under constant inspection. During the year there were condemned:—330 carcasses of mutton; 35 carcasses of veal; 23 carcasses of pork; 16 carcasses of beef.

Cattle inspected at Union stock yards, from August 30th to December 31st, 1868.

INSPECTION OF CATTLE.

August.....	4,353	October.....	34,779	December	21,231
September.....	30,383	November.....	29,650	Total	120,396

Of these, 178 were condemned.

Three hundred and twenty cows, and many sows, with young, were prevented from being sold for consumption in this market.

No record of the sheep and hogs that were kept out of the market.

CATTLE INSPECTION AT SLAUGHTER-HOUSES.

In order to prevent the introduction of dressed meat into the market, during the prevalence of the "cattle disease," the internal organs of 16,800 cattle were examined. A record was kept of the weights of the livers and spleen of 9000 of these.

Seventy-three cattle, suffering from the Texas fever, were condemned.

Sixty-one cattle, injured and unfit for food, were condemned.

Post mortem examinations were made of 142 cattle that died of Texas fever.

DEATH FROM CHLOROFORM.—Dr. Van Buskirk, of Gorham, Ohio, was found dead in his bed a short time ago. His death was supposed to have been caused by the inhalation of chloroform when alone, to relieve a nervous headache.—*N. Y. Med. Record.*

Book Notices.

From Lindsay & Blakiston, Publishers, we have received, through the agency of S. C. Griggs & Co., of this city, the following works:—

The Physician's Dose and Symptom Book: Containing the Doses and Uses of all the Principal Articles of the *Materia Medica*, and Official Preparations; also, a Table of Weights and Measures; Rules to Proportion the Doses of Medicines; Common Abbreviations Used in Writing Prescriptions; Table of Poisons and Antidotes; Classification of the *Materia Medica*; Pharmaceutical Arrangement; Table of Symptomatology; Outlines of General Pathology and Therapeutics. By JOSEPH M. WYTHES, A.M., M.D., Author of the "Microscopist," etc., etc. Eighth Edition. Philadelphia: Lindsay & Blakiston. 1868. Price \$1.

The whole matter indicated by the above copious title is enclosed in a small duodecimo volume of 263 pages; designed for convenience as a pocket companion.

Pronouncing Medical Lexicon: Containing the Current Pronunciation and Definition of the Terms Used in Medicine and the Collateral Sciences. With Addendum: Containing the Abbreviations Used in Prescriptions, and List of Poisons and their Antidotes. By C. H. CLEVELAND, M.D. Philadelphia: Lindsay & Blakiston. 1869. Price \$1.25.

This is the eleventh edition of the well known Cleveland's Pocket Dictionary; a duodecimo of 302 pages.

The Use of the Laryngoscope in Diseases of the Throat. With an Essay on Hoarseness, Loss of Voice, and Stridulous Breathing, in Relation to Nervo Muscular Affections of the Larynx. By MERRILL MCKENZIE, M.D., London; M.P.C.P.; Physician to the Hospital for Diseases of the Throat; and Assistant-Physician, and Co-Lecturer on Physiology, at

the London Hospital. Second Edition. With Additions, and a Chapter on the Examinations of the Nasal Passages, by J. SOLIS COHEN, M.D., Author of "Inhalation: its Therapeutics and Practice," etc. With 2 Lithograph Plates and 51 Illustrations on Wood. Philadelphia: Lindsay & Blakiston. 1869. Price \$3.00.

This is an elegantly published volume, octavo, of 289 pages; the paper, type, and illustrations, are all excellent. It is a book that should be in every physician's library.

On Chronic Bronchitis, especially as Connected with Gout, Emphysema, and Diseases of the Heart: Being Clinical Lectures delivered at the Middlesex Hospital. By E. HEADLAW GREENHOWE, M.D.; Fellow of Royal College of Physicians; Consulting Physician to the Western General Dispensary; Senior Assistant-Physician to the Middlesex Hospital. Philadelphia: Lindsay & Blakiston. 1869. Price \$2.25.

This volume embraces eight Lectures on topics of great practical interest and importance. The first is devoted to a general consideration of the Etiology of Bronchitis, and its Relation to other Diseases; the second, to Bronchitis, from Mechanical Irritation; the third and fourth, to Gouty Bronchitis; the fifth and sixth, to Emphysema, and the Connection of Bronchitis with it; the seventh and eighth, to Bronchitis as Connected with the various Organic Diseases of the Heart. These several lectures are illustrated by over 40 clinical cases. The work is a valuable addition to the literature of bronchitis.

We have received from the publishing house of Williams Wood & Co., of New York, through the hands of S. C. Griggs & Co., of this city, the following works:—

Pathological Anatomy of the Female Sexual Organs. By JULIUS M. KLOZ, M.D., Professor at the University of Vienna. Translated from the German, by JOSEPH KAMMERER, M.D., Physician to the German Hospital and Dispensary, New York, and BENJAMIN F. DAWSON, M.D., Assistant to the Chair of Obstetrics, in the College of Physi-

cians and Surgeons, New York. New York: Williams Wood & Co., Publishers. 1868. 299 pages. Price \$3.50.

This is a very valuable work, on a highly interesting subject. The translators and American publishers have executed their tasks in good style, and deserve the thanks of the profession.

Editorial.

ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY.—The next Annual Meeting of the Illinois State Medical Society will be held in Chicago, commencing on the *third Tuesday* in May, 1869. We expect a full and interesting meeting; and hope the profession, in every part of the State, will be represented.

AMERICAN MEDICAL ASSOCIATION.—The next Annual Meeting of the American Medical Association will be held in New Orleans, on the *first Tuesday* in May, 1869. As this is the first meeting in the South for several years, it is very desirable that it should be well attended. A full delegation from the Northwest will be most cordially received by the Profession in New Orleans, and will do much, not only to advance the strictly professional and scientific interests of all sections, but will also aid in completing the restoration of cordial feelings of brotherhood throughout the land.

SPRING AND SUMMER MEDICAL INSTRUCTION IN CHICAGO.—The Rush Medical College closes its usual short Annual Term on Wednesday, February 3d (before this number of the EXAMINER will reach its readers), by the ordinary exercises of public commencement, and a meeting of its Alumni. By a circular that accompanies this number of the EXAMINER, it will be seen that arrangements have been made for a Spring Term of instruction, in connection with that College, extending from

March to July. The instruction to be given in the Spring Course is to be mostly by Young Men of talent and enterprise, not members of the Faculty of the Rush College, but connected with the Public Hospitals and Dispensaries of the City. For details, see the circular.

The regular Annual Lecture Term of the Chicago Medical College does not close until the *fourth Tuesday* in March. A Summer Course of instruction, commencing on the first Monday in April, and ending on the first of July, constitutes a permanent part of the organization of this College; and is free to all medical students who become regular Matriculants of this College. It will be seen that no City in the Country affords better facilities for the study of Medicine, in all its departments, both Winter and Summer, than Chicago.

HONORARY DEGREES.—We see it stated in the daily papers, that "the Faculty of Lake Forest University, at a recent meeting, conferred the honorary degree, Professor of Ophthalmic and Aural Science, upon Dr. J. S. Hildreth, of this city." This seems to be a novel "*Degree*." We had supposed that a professorship involved an appointment, either active or honorary, in some institution. But this action of the Board of Trustees (not Faculty, for it has none) of Lake Forest University seems to confer a professorship on a gentleman, not only without an appointment, but without any such chair in the institution.

MONEY RECEIPTS TO JAN. 21, 1869.—Drs. W. H. Baxter, \$1; James Miner, 3; J. Quirk, 6; Thos. S. Parr, 3; O. W. Sadler, 3; J. R. Flood, 3; C. G. Reim, 3; S. M. Pegram, 6; J. W. Barlow, 9; Henry Jones, 1; J. Woodworth, 2; Geo. McPherson, 6; J. F. Hopkins, 6; R. S. Lewis, 3; E. P. Cook, 3; Elmer, F. Clapp, 3; David Newell, 6; Asahel Clark, 3; A. S. Holland, 6; L. D. Payne, 4.75; J. S. Lawrence, 1; P. Eppler, 4; C. K. Clark, 3; J. P. Johnston, 3; V. Clarence Price, 3; I. N. Bishop, 5; G. S. Thomas, 3; W. H. Price, 3; W. W. Bonnell, 6; G. H. Fuller, 1.50; Levi Day, 3; A. Grættinger, 6; W. L. Kreider, 3; H. C. Miner, 6; D. J. Hussey, 4; M. W. Seaman, 5; Wm. Martin, 1.25; P. M. Cleary, 4; E. V. Dale, 3; Wood & Curtiss, 3; E. Andrews, 5; Thos. A. Clark, 6; Lyman J. Barrows, 3.25; Wm. F. Cady, 5; E. B. Wolcott, 6; C. Shumway, 6; Aug. Rhoads, 3; D. O. Crist, 2.50; H. K. Deene, 5; T. D. Fisher, 3; W. J. Johnson, 6; F. K. Bailey, 1; L. Tibbets, 2; A. M. Maxwell, 3.

VICK'S FLORAL GUIDE FOR 1869.—The first edition of one hundred thousand of Vick's illustrated catalogue of seeds and guide in the flower garden is now published. It makes a work of 100 pages, beautifully illustrated, with about 150 Fine wood engravings of flowers and vegetables, and an elegant colored plate, a boquet of flowers.

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Assistant to Professor of Anatomy.

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Graduation Fee,	20.00
Matriculation Fee,	5.00
Dissecting Ticket,	5.00
Hospital Ticket,	6.00

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Will commence on Tuesday, February 2d, and continue until June 5th. The fees for the regular course are as follows: Lecture fees, \$50; Matriculation fee, \$5; Dissecting Ticket, \$5; Hospital Tickets (one year), \$6; Graduation fee, \$25.

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Since the increase in the size of this Journal, the commutation, allowed to clubs, and to those subscribing through other Journals, is discontinued. Commutations at present existing will be continued for one year, from the date, on which they respectively commenced.

The Kentucky State Medical Society invited the removal of this Journal to Louisville and pledged its support.

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